<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ros Aoibhinn Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000276</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Irish Street, Bunclody,</td>
</tr>
<tr>
<td></td>
<td>Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 937 7850</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:aidansawyer@outlook.com">aidansawyer@outlook.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per</td>
</tr>
<tr>
<td></td>
<td>Health (Nursing Homes)</td>
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<tr>
<td></td>
<td>Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Aidan Sawyer</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Aidan Sawyer</td>
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<tr>
<td>Lead inspector:</td>
<td>Mairead Harrington</td>
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<tr>
<td>Support inspector(s):</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>21</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</td>
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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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 11 February 2015 08:30  To: 11 February 2015 14:00

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

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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Summary of findings from this inspection
This inspection was part of a follow up process to a re-registration inspection on 19 and 20 August 2014 and a further unannounced inspection on 20 and 21 October 2014. A copy of these reports, the findings and their associated action plans can be found at hiqa.ie along with records of all previous inspections. The current, unannounced, inspection was undertaken to assess the measures implemented by the provider in response to the findings of both those inspections. The conclusions of this inspection were that measures had been put in place to address the issues identified with most of the actions substantially completed around the areas of concern. Actions that remain outstanding include relevant staff training and the maintenance of records around staff files and care plans. Further detail is provided around these findings in the body of the report.
Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The previous inspection had established that there were ineffective quality management systems in place to ensure the services provided were safe, appropriate or consistently monitored.

Since the previous inspection the provider had retained the services of a consultancy firm specialising in healthcare management and had also appointed a new person in charge on an interim basis pending a substantive appointment to the post. The provider had introduced quality management systems that included regular, minuted meetings in relation to governance, communication and health and safety. A schedule of frequent and regular audits in areas such as skin impairment and medications management had been introduced to inform processes around the monitoring of care and a governance report and annual review had been completed and a copy was available. A comprehensive review of all individual resident care plans had also been completed. Whilst the provider had introduced appropriate monitoring mechanisms for effective quality management, such as audit and review, the overall review system was still a work in progress and required further and continual development.

The provider demonstrated that the service was sufficiently resourced to ensure the effective delivery of care in accordance with the statement of purpose and the assessed needs of the resident population. A clearly defined management structure was in place with identifiable lines of authority and accountability and the delivery of care was directed through the person in charge. The provider was a regular presence on-site and was actively involved in the day-to-day management of the centre. The governance structure was supportive of the person in charge.

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

**Findings:**  
Actions in relation to the appointment of a person in charge, in keeping with regulatory requirements, had been addressed since the last inspection and a new appointments to the post had been made on both an interim and substantive basis.

The current person in charge was employed on an interim, full-time basis and was a nurse with more than three years experience, in the previous six, in the area of nursing of the older person. The person in charge had authority, accountability and responsibility for the provision of service and retained a strong clinical role in the delivery of services to residents. In the course of the inspection the person in charge demonstrated an effective knowledge of residents, their care needs, and a strong commitment to the on-going improvement of the centre and the quality of services to be provided. Throughout the inspection, the inspectors found that the person in charge demonstrated good clinical knowledge and an effective understanding of the relevant legislation and associated statutory responsibilities. The current person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and arrangements were in place for commencement of the substantive appointment to the post in February 2015.

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

Findings:
A substantial amount of work had been undertaken since the previous inspection around the development of documentation. Action on schedule 5 policies and procedures, particularly in relation to safeguarding and safety, had been completed. A current and comprehensive, site-specific policy was in place on the prevention of abuse which included provisions in the event of incidents involving peer-on-peer abuse, members of management or other members of the public at the centre.

Action had also been taken to review and update medication policies and procedures and to address issues around documentation in relation to the administration of medication as recorded in care plans.

Information contained in the Directory of Residents had been updated and was in accordance with regulatory requirements.

Documentation of care plans had been reviewed though nursing and medical records were maintained across two files which provided opportunity for potential error. Care plans were maintained in accordance with schedule 3 requirements though there were some gaps with no photograph for a recently admitted resident. Records reviewed in relation to one member of staff contained a reference that was not relevant to their professional experience.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Since the previous inspection the system for identifying, assessing and controlling risks throughout the centre had been further developed and the inspector saw documentation recording a range of risks identified for the centre that included appropriate assessments and associated measures of control. This included an assessment around an external fire escape previously identified as a risk which had since been secured by a gate. This action had also been reviewed and approved by the relevant fire authority and a copy of
correspondence to this effect was provided.

The current inspection established that steps had been taken to adopt and implement processes to manage risk and a risk management policy was in place though not fully implemented. A system of recording significant incidents and accidents was also in place with appropriate review by the person in charge and provider. Regular health and safety and governance meetings were in place to address any issues identified. The previous inspections had identified that, where a magnetised fire door on the first floor was reportedly not working properly, a wedge was being used to hold open the fire door. This potential hazard had since been addressed and no wedges were seen in use with the magnetised fire doors. The provider explained that daily monitoring systems were in place to ensure corridors and fire escapes were unobstructed. Although a scheduled training programme was in place, two recently appointed members of staff had yet to receive fire training.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The previous inspections had identified issues in relation to both the storage of medicines and also record maintenance and the correct administration of medication. Policies and procedures had been reviewed and updated in this regard to include procedures around the handling and disposal of unused or out of date medicines. Both the provider and person in charge confirmed that related training for staff had been completed and that a system to regularly review and assess the competency of staff in this area was in place. The previous inspections had identified out of date and discontinued medicines stored in an unlocked cabinet. Action had also been taken in this regard and medications were appropriately managed and securely stored.

Of a sample of care plans inspected all had been reviewed with current prescription sheets seen to be referenced during medication rounds. Medications were administered and recorded in keeping with relevant professional guidelines.

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

Findings:
Actions from the previous inspections included the maintenance and review of care plans, the timely and effective assessment of care needs and the provision of appropriate medical and health care as a result of such assessments. The person in charge explained that all care plans had been reviewed and updated accordingly. Of a sample of care plans examined, all had been reviewed and inspectors noted that they contained current, evidence-based assessments which had been signed and dated. Where circumstances required medical interventions or input by allied health professionals such instances were timely and recorded appropriately. The inspectors reviewed the care plan of a resident identified as having a methicillin resistant staphylococcus areus (MRSA) infection in a wound. Wound management guidelines were available and a wound care plan was in place. There was evidence that swabs had been taken and results received from the laboratory confirmed the presence of MRSA. While the wound area was protected with dressings it was not being actively managed with medication and the person in charge stated that this was in line with guidance received.

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

Findings:
The previous inspections established that a system was being introduced whereby the
discussion around end of life wishes would be introduced as part of the pre-admission process, with a leaflet and form to record any information gathered. Work around this process was on-going and formed part of the care plan reviews though there were some gaps in relation to the documentation of consultation with residents. Action in this respect is recorded against outcome 5 on documentation.

**Judgment:**
Compliant

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Mairead Harrington  
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

<table>
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<tr>
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<tr>
<td>Date of inspection:</td>
<td>11/02/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31/03/2015</td>
</tr>
</tbody>
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Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems in place require continued development and application to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

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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:**
The permanent PIC is now in post and has substantive experience. The audit and review programme is ongoing and continues to be developed and implemented.

**Proposed Timescale:** 31/03/2015

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**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:**
Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector, including
- photographs of all residents
- relevant references for all staff
- records of resident input on care plans

**Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
(i) There are now photographs of all residents taken with their consent.
(ii) There are two professional references now on file.
(iii) There has been input from all residents and or their families in resident care plans.

**Proposed Timescale:** 31/03/2015

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**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:**
Make arrangements for all staff of the designated centre to receive suitable training in fire prevention and emergency procedures.

**Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency...
procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Fire Safety and Prevention training was completed in March 2015 and currently all staff have up to date training (including the 2 recently appointed staff). Training was provided by an external training company.

Proposed Timescale: 31/03/2015