

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Aras Chois Fharráige
Centre ID:	OSV-0000382
Centre address:	Pairc, An Spidéal, Galway.
Telephone number:	091 553 194
Email address:	care@thearas.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:	Mary McCann
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	3

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: 21 March 2016 09:30 To: 21 March 2016 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was the seventh inspection of this centre by The Health Information and Quality Authority (HIQA). The inspection was undertaken to follow-up on the completion of the actions required to address non-compliances with the regulations identified during the previous inspections. Inspectors also reviewed key outcomes to evaluate on-going compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Three of the four actions from the previous two inspections were completed and one action was partially completed. The partially completed action related to keeping end-of-life care plans up-to-date.

There were 39 residents living in the centre on the day of the inspection. The centre is registered to provide care to 42 residents. Inspectors met with residents and staff

members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. There was evidence of good practice in most areas of the service. The person in charge and staff members demonstrated a comprehensive knowledge of residents' needs. Overall, the healthcare needs of residents were well met and residents had good access to General Practitioner (GP) services and to allied health professionals. Residents had the opportunity to participate in recreational opportunities that suited their capabilities and interests. Residents said they felt safe and well looked after in the centre. A relative spoken with was also complimentary of the service provided. Inspectors found that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. For example, inspectors noted that sitting rooms were supervised and call bells were answered promptly. Inspectors reviewed the roster and found that the number of staff on the day of inspection was representative of the usual staffing level.

Areas which require review following this inspection include documentation with regard to wound care, updating end-of-life care plans, ensuring when submitting notifications that sufficient information is forwarded to enable HIQA to make an informed judgment and ensuring deleting substances, such as correction fluid, are not used in records.

The Action Plan at the end of this report identifies the improvements that are required to be made to comply with the requirements of 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.

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.

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:

Following the inspection in May 2015, the provider was required to put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Inspectors found on this inspection that a monitoring and review system had been implemented. The person in charge was reviewing clinical areas for example, nutritional care, falls and pain management. Results of these reviews were used to guide practice and any improvements required to decrease risk to residents were enacted. For example, sensor lighting was installed in all en-suites of residents who are at high risk of falls.

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 is a registered nurse and is noted on the roster as working in the

post full-time. She was knowledgeable of residents' care needs and could describe how staff ensured that their care needs were met appropriately.

She has maintained her professional development and attended mandatory training required by the regulations. She is qualified as a trainer in safe moving and handling techniques.

She has maintained her clinical skill up-to-date and has completed courses in end of life care, movement disorders, falls management and epilepsy care.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by two clinical nurse managers.

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:
Inspectors reviewed a range of documents, including the residents' guide, directory of residents and some policies. Inspectors noted that staff members on occasion were using a deleting substance, such as correction fluid, in some records which is contrary to guidelines on maintenance of clinical documentation.

Judgment:
Substantially 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:

Measures to protect residents from suffering abuse were in place. A policy on, and procedures for, the prevention, detection and response to allegations of abuse were in place. Staff had received training on how to protect residents from harm and abuse. Staff spoken with knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff were aware of the centre's policy on the prevention of abuse and of reporting procedures.

There was a visitors' record located in the reception area. This recorded the movement of persons in and out of the building. It assisted in ensuring the safety and security of residents. Residents spoken with reported that they felt safe in the centre.

There was a policy in place for responding to behaviour that is challenging. Inspectors noted that where residents displayed behaviour that was challenging, behaviour monitoring charts were in place and behaviour support plans were available. These clearly outlined a reactive strategy for staff to enact should the residents display behaviour that challenged.

There were measures in place to protect each resident's finances. A policy was in place with regard to managing residents' finances. Residents are encouraged to manage their own finances. In cases where this is not possible, the family of the resident is encouraged to do so through independent support and legal advice.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff were promoted in this centre. There

was a centre-specific emergency plan that took into account a variety of emergency situations. This plan had been reviewed and updated. Fire action notices were centre specific therefore providing guidance to residents, staff and visitors the actions to take in the event of a fire.

Inspectors viewed the fire training records and found that all staff had received up-to-date fire safety training. All staff spoken with knew what to do in the event of a fire. Staff carried out fire drills on a regular basis; the outcomes of these were documented and used to inform best practice. Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspectors found that all internal fire exits were clear and unobstructed during the inspection.

There were arrangements in place for recording and investigating incidents and accidents. Risk assessments were comprehensive and included areas inside and outside the building. A review of the accident and incident log showed that each individual incident was recorded, reviewed by management and a risk management assessment performed. There was a clear process of learning being used from incidents to inform future practice.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were serviced regularly. All staff had up-to-date training in manual handling and in the use of the hoists.

Staff spoken with by the inspectors were knowledgeable in infection control procedures and training had been provided. Hand hygiene gel dispensers and hand washing sinks were clean, readily accessible and inspectors observed staff using them.

Judgment:

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 comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. Inspectors noted on one medication chart that a medication had been transcribed by a nurse on the 15 March 2016. The policy stated 'The transcribed order should be co-signed by the prescribing medical practitioner within 72 hrs and

should not be put into circulation until this is completed'. Inspectors noted that the medical practitioner had not co-signed the order to date and the medication had been administered to the resident.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the medication charts to assist with the correct identification of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. Maximum doses of p.r.n. medicines (a medicine only taken as the need arises) were recorded.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked the balances on two medications and found them to be correct.

Staff members had completed medication management training to refresh and update their knowledge with regard to professional guidelines of An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) with regard to specific knowledge regarding medication prescribed for residents in the centre.

Judgment:
Substantially 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:
Inspectors reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted, inspectors found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector. Inspectors reviewed open notifications with the person in charge and the clinical nurse manager and discussed with them the requirement to ensure notifications submitted contain sufficient information to enable the Authority to make an informed judgment.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed six residents' care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence that care plans were updated at four monthly intervals or in response to a change in a resident's health condition. On admission a comprehensive assessment of healthcare need was completed. Care plans were developed based on identified needs. There was evidence of consultation with residents or their representative in care plans. There was one resident with a pressure wound on the day of inspection. The Clinical Nurse Manager informed the inspectors that the wound was improving. One of the inspectors reviewed the wound care documentation. A wound care assessment was in place but this was poorly completed and did not give a good clinical picture of the current condition of the wound. There was poor evidence to show whether the wound was progressing or regressing.

Residents who could communicate with the inspectors stated they were happy with the care delivered to them and staff were caring and prompt to attend to their needs. A relative spoken with stated that the family were kept fully informed of the care delivered to their relative. A daily nursing record was recorded each day on the care given and how the resident spent their day. Residents had access to appropriate medical and allied health-care professionals. Residents had good access to General Practitioner (GP) services and out-of-hours cover was also available.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Judgment:

Substantially 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
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the time of the last inspection inspectors found that some residents' end-of-life wishes had not been identified. This action was partially completed. While residents' end-of-life care wishes had been ascertained, these were not regularly reviewed to ensure that the resident had an opportunity to review their stated wishes.</p>
<p>Judgment: Substantially Compliant</p>

<p><i>Outcome 15: Food and Nutrition</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the time of the last inspection inspectors found that food and fluid charts were not comprehensively completed. This had been addressed.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 16: Residents' Rights, Dignity and Consultation</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>

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

Findings:

Following the inspection in May 2015, the provider was required to provide opportunities for residents to participate in activities in accordance with their interests and capacities. Inspectors found on this inspection that the activities programme has been reviewed and a varied programme of activities was now in place. On the day of inspection a Sonas session (therapeutic activity for residents who are cognitively impaired), a chair exercise class, reading the newspapers, collecting the eggs, hand massage and a DVD formed part of the activity programme. Many residents were observed to be engaged in meaningful activities and told the inspector that they enjoyed the activities available.

The activities co-ordinator works four days per week. Other care staff are also allocated to this role when she is not available. Seven staff were trained in Sonas and the provider informed the inspectors that he planned for all staff to be trained. Dedicated time is provided by the activities co-ordinator and Sonas trained staff to provide Sonas regularly. Residents told the inspectors that there were lots of activities for them to partake in and "there was always something you would like to do". Inspectors observed that staff communicated appropriately with residents and were pleasant and gave time to residents. A weekly activities programme timetable was on display throughout the centre. There was evidence that residents had choice about their daily routines such as getting up or participating in activities. Residents had access to religious services, Mass was celebrated monthly and ministers of the Eucharist called to the centre on a fortnightly basis.

Voting arrangements were in place and a polling station had been set up in the centre to facilitate voting in the recent general election. A residents' meeting was held monthly. Inspectors reviewed the minutes of these meetings and found that an average of 10 residents attended. The person who acts as an external advocate for the residents chaired these meetings. The records available demonstrated that the meetings were managed in a manner to elicit feedback or suggestions from the residents. An action plan arising from these discussions was completed at each meeting. There was evidence of links with the local community, including residents participating in the local St. Patrick's Day parade.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Inspectors observed that staff were available to assist residents and residents were supervised in the dining room throughout meal times and at all times in the sitting rooms.

Inspectors reviewed the actual and planned staff roster. This showed that the staff numbers on the day correlated with the roster. There were sufficient nursing, catering and household staff available.

A recruitment policy was in place. Samples of staff files were reviewed. These were found to be compliant with the requirements of regulations. Staff files reviewed by inspectors showed that there is a robust system of staff training in place. The centre encouraged staff to engage in continuous development. A review of the training system indicated that all mandatory training was up-to-date for all staff. Additional courses attended by staff include nutritional care and end-of-life care. All nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (the Nursing and Midwifery Board of Ireland).

Judgment:

Compliant

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:

Mary McCann
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 report¹

Centre name:	Aras Chois Fharraige
Centre ID:	OSV-0000382
Date of inspection:	21/03/2016
Date of response:	16/05/2016

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 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:

Staff on occasion were using a deleting substance in records which is contrary to guidelines on maintenance of clinical documentation.

1. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph

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

(1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:

All nursing staff were reminded and advised on day of inspection that the use of deleting substances in clinical records is not permitted. CNM to monitor.

Proposed Timescale: 21/03/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

On one medication chart a medication had been transcribed by a nurse on the 15 March 2016. The policy stated 'The transcribed order should be co-signed by the prescribing medical practitioner within 72 hrs and should not be put into circulation until this is completed'. The medical practitioner had not co-signed the order to date and the medication had been administered to the resident.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

The transcribed prescription has now been signed off by the GP. The Person in Charge has carried out an education and training update with all nurses to highlight the importance of following policy and procedure to ensure compliance with NMBI guidance on medication administration. The CNM will monitor the administration of medication to ensure the directions and advice of the prescriber and pharmacist are followed.

Proposed Timescale: 12/05/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

A wound care assessment was in place but this was poorly completed and did not give a good clinical picture of the current condition of the wound. There was poor evidence to show if the wound was progressing or regressing.

3. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

A review of all wound care plans has been carried out to ensure the daily record, charts, photo evidence, measurements and other relevant records are comprehensively completed in order to provide an accurate record of improvement or regression.

Proposed Timescale: 12/05/2016

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:

Some residents' end of life wishes were not regularly reviewed to ensure that the resident had an opportunity to review their stated wishes.

4. 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:

All end of life care plans are currently being reviewed with input from the resident or relative. On completion of reviews, an audit will be carried out by end May16 to ensure that all end of life care plans reflect resident or relative input to include the physical, emotional, social, psychological and spiritual wishes of the resident.

Proposed Timescale: 31/05/2016