<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aras Ghaoth Dobhair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000311</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Meenaniller, Derrybeg, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 956 0624</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:gcoyle@arasgaothdobhair.ie">gcoyle@arasgaothdobhair.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Bainistiocht Aras Ghaoth Dobhair Teoranta</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John McDevitt</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>39</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.
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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>14 July 2016 09:30</td>
<td>14 July 2016 20:30</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Moderate</td>
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</tbody>
</table>

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Inspectors met with residents, relatives and staff members during the inspection.
They tracked the care pathways of residents with dementia and spent periods of time observing staff interactions with residents. Inspectors used a validated observational tool, the quality of interactions schedule (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in three communal areas. The observations took place in different communal areas including times when a music activity was underway. Inspectors observed that staff interactions were personal, timely and meaningful. Staff were observed to talk to residents about matters that had significance to them such as who was due to visit them or the music session that they knew some were looking forward to in the afternoon. Staff acknowledged residents when they entered their rooms or communal areas and were appropriate in their interactions. Residents were observed to be treated with dignity and respect during all staff contacts. Staff could describe residents' care needs and recent changes in health care situations.

Inspectors also reviewed documentation such as care plans, medical records, staff duty rotas and staff training records. Some improvements in care plan documentation were required as the inspectors noted there was poor linkage between assessments to determine vulnerability factors and care plans. In some cases dementia care needs were not adequately described. For example some care plans described that residents’ social interests should be established but considerable periods of time had elapsed since admission and their interests were not recorded in the care plan. Assessments of cognitive impairment were outlined however care plans did not indicate what residual abilities residents’ had or how dementia impacted on their lives. The health needs of residents were met to a high standard. Residents had good access to general practitioner (GP) services, to a range of other health services and to the specialist mental health team for old age psychiatry.

Safe and appropriate levels of supervision were in place to maintain residents’ safety during the day. There was appropriate staff numbers and skill-mix to meet the assessed needs of residents. The last inspection conducted in February 2015 for the purposes of registration renewal required that staffing levels at night were regularly reviewed in the context of residents’ changing needs as there is one nurse and two carers on duty in the centre. Staffing levels are regularly assessed according to the person in charge and there was information available that conveyed that residents changing needs and fluctuations in health care needs prompted a review of staffing numbers and skill mix with additional resources made available if required. There was a recruitment policy in place which met the requirements of the regulations.

Aras Ghaoth Dobhair is a modern purpose-built single-storey nursing home that provides care to dependent persons in the catchment area of Dungloe, Aranmore, Burton Port and Cresslough. It can accommodate 41 residents and includes a 20 place unit for residents who have dementia. The atmosphere throughout the centre was home like, comfortable and in keeping with the overall assessed needs of the residents who lived there. Residents are accommodated in a range of rooms including some communal bedrooms that accommodate up to four residents. Screens were in place to protect and promote the dignity and privacy of residents. In order to ensure the design and layout of the premises will promote the dignity, wellbeing and independence of residents the provider is required to review the layout to ensure the current arrangements continue to meet the needs of residents. The
dementia care unit had a number of features that reflected good practice in dementia care design. The area had good lighting, adequate space for residents to walk around safely and an attractive garden area that was safe, secure and accessible. It also had a choice of sitting spaces and there was good use of memorabilia to prompt residents' recall and to use in reminiscence activity.

There were policies and procedures in place to ensure residents were safeguarded from abuse. There were no allegations of abuse or misconduct and no concerns had been relayed to the Authority.

The inspectors reviewed the action plan from the last inspection and the progress made to address the issues raised. These are discussed under the outcomes to which they relate and actions identified during this inspection are outlined in the action plan at the end of this report. The areas that required attention included care plans some of which did not provide an accurate overview of residents needs or abilities and did not reflect specifically where residents had problems associated with dementia, some records were not signed and dated when completed and there was a lack of information on residents backgrounds and lifestyles prior to admission to the centre which could guide staff practice and would reflect evidenced based care for people with dementia.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Inspectors found that each resident’s wellbeing and welfare was promoted by a high standard of nursing care and that appropriate access to medical and allied healthcare services was available when required. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Pre-admission assessments were undertaken to ensure that the service could meet the needs of individual residents. Prospective residents and their families were invited to visit the centre prior to deciding to live there and some residents had been admitted for periods of respite care and were familiar with the environment which families said was of benefit when it came to exploring long term care options.

Comprehensive assessments were carried out and the assessment process involved the use of validated tools to assess each resident for risk of malnutrition, falls, levels of cognitive impairment and skin integrity. A care plan was developed within 48 hours of admission based on the resident’s assessed needs. However, care plans for dementia or for the management of health and behaviour that fluctuates were not consistently developed to provide appropriate guidance to staff and to ensure a person centred approach to care. For example, while there was an assessment of cognitive impairment there was no associated care plan that described how dementia impacted on day to day life or the interventions to be undertaken by staff to ensure residents had appropriate care. For example, there was no information on what residents could do for themselves, who they recognised or what activities they could engage in either on an individual or group basis. Communication capacity was described well in some cases but this was not consistent across the sample of records reviewed. Some good examples reviewed indicated that staff knew when residents could follow instructions and when capacity for understanding was limited.

There was evidence that residents and their families, where appropriate, were involved in the care planning process. However, consultation with residents or their representatives was not consistently documented. There was some information recorded that conveyed residents’ choices however the inspectors found that in general personal choices and preferences were not recorded in a meaningful way and there was little
information on the backgrounds and previous lifestyles of residents in the form of life stories to inform and guide staff on the delivery of person centred care.

There were arrangements in place to meet the end-of-life needs of residents documented in end-of-life care plans which reflected the wishes of residents with dementia. However some residents did not have end-of-life care plans in place that referenced their wishes regarding their physical, psychological and spiritual care including their preferred place for receiving care. Residents had access to clergy of different faiths. Staff cared for residents with end-of-life care needs with the support of community palliative care services and residents’ GPs.

The staff had established good relationships with the local acute hospital and with the psychiatry of later life service. When admission to acute services was required a detailed transfer form was completed to ease the transition process for the resident. This included details regarding their level of mobility, falls risk, communication needs, dietary requirements and prescribed medications. Inspectors noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team.

Inspectors reviewed the management of clinical issues such as wound care, diabetes, falls management and nutrition. There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a four monthly basis or more regularly if there were clinical indicators of change thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. However the inspectors noted that while monitoring was undertaken and actions were in place to address weight loss the content of evaluations did not provide an overview of how the resident had responded to the treatment plan or if additional actions should be taken. Details of residents' specialist dietary needs as recommended by dietician and speech and language services, in addition to individual food preferences, were available for reference in the kitchen. Residents had a choice of hot meals at lunch time and could choose their preference for evening meals. Residents requiring assistance with eating were assisted discretely and sensitively. The majority of residents who required assistance had their meals in the dining rooms and this ensured all residents had the opportunity to enjoy the social aspects of dining with other people. Residents were satisfied with the meals provided and told an inspector that the food was 'very good', “tasty and varied” and one resident also said that the catering staff made great efforts to ensure that food served “suited us”. Inspectors saw that food was attractively served and that the dining experience was enjoyed by residents.

Residents had access to GP services and out-of-hours medical cover was also provided. A full range of other services was available on referral including speech and language therapy (SALT), dietetic services and mental health services. Inspectors reviewed residents’ records and found that some residents had been referred to these services and results of appointments and recommendations were written up in the residents’ notes.

Inspectors reviewed medication administration arrangements and found that the
systems in place were safe and met appropriate standards for security. A sample of administration and prescription records was reviewed. Staff make ongoing efforts to ensure that residents are only prescribed the medication required to achieve good health and efforts are continually made to reduce sedative and psychotropic type medications. Staff said that they work in cooperation with the team for old age psychiatry as well as GPs to achieve this objective. Some residents required their medication to be administered in crushed format and instructions to crush medications were authorised by the prescriber.

There were no residents with pressure area problems when this inspection was conducted. There was evidence of regular assessments of residents considered at risk and measures to reduce the possibility of pressure area problems developing were implemented. These included pressure relieving mattresses, support cushions and repositioning schedules.

**Judgment:**
Non Compliant - Moderate

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
There were procedures in place for the prevention, detection and management of suspicions, allegations and incidents of abuse. Residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia and staff could describe the measures they had in place which reflected good practice. For example residents who were restless or very active were supported by staff who took them walking around the unit or into the garden. They were also involved in activities to divert their attention and alleviate distress such as singing or music.

All staff had received training in the prevention, detection and management of abuse. Staff that the inspectors talked to confirmed that they had received training on this topic and were familiar with the reporting structures and their reporting obligations. Staff confirmed that there was an open culture of communication within the centre and there were no barriers to raising issues of concern. They could describe specific vulnerability factors that related to residents with severe dementia and told inspectors that knowing residents well and being able to assess when they were comfortable or distressed contributed to the protection of residents. Inspectors spoke with some residents during the inspection and all were satisfied with the care being provided, and said that if they had any concerns they would raise them with the staff team or the person in charge. All confirmed they were happy living in the centre and said they felt safe and “were made
to feel at home by staff”. Interactions between staff and residents were observed to be respectful, supportive and kind. There were systems in place to ensure allegations of abuse were fully investigated and that, pending such investigations, measures were in place to ensure the safety of residents.

An action plan in the last report identified that while bedrails were in use to prevent falls the hazards associated with such equipment and the trial of alternative measures before the bedrails were put in place were not evident in the documentation. This action was in progress and the inspectors found that where bed rails were in use for some residents that there were clear indicators on why they were necessary and what alternatives had been tried before the decision was made to use bedrails. Inspectors noted that appropriate bed rail risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bed rails. Additional equipment such as low-low beds and sensor alarms were in use to reduce the need for bed rails. The use of bed rails was recorded and notified to HIQA in the quarterly notifications.

There was a policy in place to advise and guide staff on managing behaviours associated with dementia. Staff had received training on understanding and managing aspects of behaviour as part of the ongoing dementia training programme. Staff that the inspectors talked to were knowledgeable about interventions that were effective for individual residents when managing fluctuating behaviours which included activities that provided distraction and engagement. Residents were regularly reviewed by their GPs and there was access to the psychiatry of later life service for further specialist input when required.

**Judgment:**
Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
Inspectors found that residents with dementia were consulted with about how the centre was run and were enabled to make choices about how to live their lives. However, the high level of dependency of some residents meant that obtaining information could be difficult according to staff. There were good arrangements in place for consultation with relatives and families who were regularly asked to contribute their views in relation to their relatives’ care.

There was evidence of a culture of good communication between residents and the staff
team. Inspectors observed staff interacting with residents in a friendly manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. They could choose to have other meals in the dining room or in another area that they preferred and if relatives wished to assist at meal times this was welcomed the inspectors were told.

During the day residents were able to move around the centre freely. Staff ensured that when an activity was taking place in one area that residents were all invited and helped to attend if they wished. Inspectors spent a period of time observing staff interactions with residents. Inspectors used a validated observational tool, the quality of interactions schedule (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in three communal areas. The observations took place in sitting rooms and dining rooms. Inspectors observed that staff knew the residents well, greeted them when they entered rooms and entered in conversation with them. All areas were noted to have a staff presence and staff were readily accessible when residents required assistance. There was examples of well being and engagement at several periods during the when residents were noted to chat in a group and to engage in a singing activity with staff as well as during other scheduled activities. Residents who had high levels of confusion were prompted and supported by staff to engage in social activity and the inspectors noted several examples where residents were encouraged to contribute to singing songs in a group and independently.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meals at their own pace with minimal assistance to improve and maintain their functional capacity and independence.

The centre had a programme of regular activities that was coordinated by an activity co-ordinator with support from care and nursing staff. Inspectors found there was a varied activities programme available that focused on individual and group activities and included music, arts and crafts and reminiscence. There was an absence of information such as residents’ life stories which could inform the activity programme, support the communication needs of residents with dementia and ensure that the programme was relevant to residents’ past lives and interests. Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities.

There was a process in place for consultation with residents and their relatives. Inspectors viewed the survey document that was circulated to relatives. Staff said that the feedback provided by relatives and residents indicated satisfaction with aspects of the service such as information provided, the regular consultations and reviews of care and how complaints are managed. The centre had information on a national advocacy service and information on how to contact the service was readily available. Inspectors observed that some residents were spending time in their own rooms, and others enjoyed reading and watching TV, or taking a nap. Residents could meet visitors in
private and there was a room available for this purpose. Residents were supported and encouraged to continue with family life and some residents went home at the weekend with their relatives.

**Judgment:**
Non Compliant - Moderate

**Outcome 04: Complaints procedures**

**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 policy and procedure in place in the centre for the management of complaints. A copy of the procedure was displayed prominently within the centre. Inspectors spoke to a resident and a visitor and found that they knew how to make a complaint and how to raise issues of concern. There was a nominated person to address complaints and to oversee that complaints were appropriately addressed.

Inspectors viewed the complaints record and found that a number of matters had been addressed such as lost belongings and a concern about prescription charges. All complaints were promptly investigated and fully documented. Records reviewed showed that the outcome of the complaint and the complainant's satisfaction with the outcome was recorded.

The statement of purpose and the complaints procedure required amendment to include details of the appeals procedure and the Ombudsman's office and this information was added to these documents and supplied to the inspector.

**Judgment:**
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Inspectors found that the levels and skill-mix of staff on the day of the inspection were sufficient to meet the assessed needs of residents, including residents with dementia. This was confirmed by the available staff duty record. The staff rota also indicated that a nurse was on duty at all times. An action plan in the last report for the centre required that night duty staffing levels should be reviewed as there was one nurse and two carers on night duty across the dementia and general unit. This had been addressed. The person in charge said that she regularly works a night duty shift and reviews the skill mix and deployment of staff. Adjustments are made when residents’ care needs change and there are indicators that additional staff are needed. The inspectors concluded that the night duty allocation of staff continued to need ongoing review in the context of residents’ dementia care needs, the complex medical conditions of some residents and the large floor layout of the premises.

Staff were observed to be attentive and supportive towards residents and were observed to respond to their needs in a timely manner. Call bells were answered promptly and where residents did not have capacity to use such equipment staff were observed to be alert to their needs and familiar with their daily routines which ensured their comfort and well being. Inspectors found that education and training was available to staff to enable them to keep up to date and to assist them to provide care that reflected up-to-date, evidence-based practice. Training had been completed on moving and handing, adult protection, end of life care, infection control, fire safety and emergency resuscitation in 2016. An ongoing training programme on dementia care had continued during 2015 and 2016. Inspectors spoke to staff and found that they were knowledgeable about fire safety arrangements, evacuation procedures and moving and handling practices. Inspectors viewed records confirming that all staff attended mandatory training in moving and handling practice. The training records for fire safety indicated that staff had received up-to-date training. The deficits identified in the care planning documentation particularly in relation to the absence of comprehensive care plans for dementia care, the absence of background information on residents' life styles indicate that staff require training in care planning.

The inspectors viewed records of the staff meetings which had taken place in January and April this year. An action plan in the last report had outlined that a system for meetings and supervision for nurses and carers was absent and this action was addressed through the new meeting arrangements. A range of issues were noted to have been discussed and included cover for illness absence, adhering to health and safety procedures, changes to work practices and rota changes. Inspectors found that staff had developed a good team spirit and several staff said that they worked together for the benefit of residents. For example, care and nursing staff supported and contributed to the activity programme by undertaking some activities and by supporting the activity coordinator during some of the scheduled activities.

There was a comprehensive policy in place for the recruitment, selection and vetting of staff. Inspectors examined a sample of staff files and found that all contained the documents as required by Schedule 2 of the regulations, including up-to-date An Bord Altranais professional identification numbers (PIN) for registered nursing staff.
Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

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:
Aras Ghaoth Dobhair is a modern purpose-built, single-storey nursing home that provides care to dependent persons in the catchment area of Dungloe, Aranmore, Burton Port and Creeslough. The centre was built through tripartite funding arrangement between the local community, Udaras Na Gaeltachta and the Health Service Executive (HSE). It can accommodate 41 residents and includes a 20-bedded unit for the care of people with dementia. The centre is located in a Gaeltacht area and Irish is the first language of many of the residents.

The entrance opens onto a bright spacious reception area that has seating for residents and visitors. Each unit has several sitting areas and a dining room and is arranged around two secure internal courtyards that have been well cultivated with shrubs and flowerbeds. Bedroom accommodation comprises 17 single bedrooms, four twin bedded rooms and four four-bedded rooms. All bedrooms have en suite toilet and shower facilities. There are toilets located to the left of reception and near communal areas. Other facilities include a snoezelan room, a treatment room, a visitors’ room, two assisted bathrooms, staff toilets, a staff changing area, laundry and sluice facilities. The building was in good decorative condition, attractively furnished and was comfortably warm, clean and odour free.

The inspectors reviewed all premises areas as residents with dementia were accommodated in the general area as well as the dementia specific unit. There were a number of dementia friendly design features throughout that included good space for residents to walk around freely and appropriate lighting. Hallways were wide and unobstructed and communal areas were easy to locate. There was some signage to help residents find their way around however this required improvement to ensure that it was relevant, meaningful and readily readable for residents with vision problems or cognitive impairment. Residents bedrooms and bedroom areas where residents did not have their own rooms were noted to have personal items such as photographs, ornaments and books on display which conveyed a sense of personal identity to each resident's space.

The dementia care unit had two sitting rooms, one of which was small in scale and had been furnished with a dresser, old crockery and a fire place to provide a space for relaxation and a focus for reminiscence for residents. This area was well used.
particularly during the evenings when staff said they sat with a small group of residents and chatted to them or undertook an activity to help relax them before bed time.

The action plan related to multiple occupancy rooms outlined in previous reports continues outstanding. The layout and design of the multi occupancy rooms, although large do not enable staff to provide for residents’ individual and collective needs in a way that fully protects their privacy and dignity. The personal space allocated to residents is protected by mobile screens and there is space for each resident to have an armchair by their bed. The inspectors noted that screens were always used when staff provided personal care however the provider is required to ensure that the aims and objectives for care outlined in the statement of purpose can be achieved in multiple occupancy rooms where residents’ conditions and fluctuating behaviours may have adverse impact on each other. All rooms provided storage space for residents’ belongings however there was limited storage space in some communal bedrooms particularly for residents living in the centre on a long term basis.

**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:**

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Providers response to inspection report

Centre name: Aras Ghaoth Dobhair
Centre ID: OSV-0000311
Date of inspection: 14/07/2016
Date of response: 11/10/2016

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 01: Health and Social Care Needs

Theme: Safe care and support

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

Care plans for dementia or for management of health and behaviour that fluctuates were not consistently developed to provide appropriate guidance to staff and to ensure a person centred approach to care. For example, while there was an assessment of cognitive impairment there was no associated care plan that described how dementia impacted on day to day life or the interventions to be undertaken by staff to ensure residents had appropriate care. For example, there was no information on what

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Residents could do for themselves, who they recognised or what activities they could engage in either on an individual or group basis.

1. **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:**
All residents care plans are currently under review and nursing staff will include a description of the impact of dementia on the residents activities of daily living.

**Proposed Timescale:** 31/12/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors found that in some files reviewed, personal choices and preferences were not recorded in a meaningful way and there was little information on the backgrounds and previous lifestyles of residents in the form of life stories to inform and guide staff on the delivery of person centred care in accordance with up to date evidenced based dementia care practice.

2. **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:**
With our pre admission assessment we will endeavour to collect more information on the life story and previous lifestyle of residents.
For current residents we will aim to provide more of this information on our current review.

**Proposed Timescale:** 30/12/2016

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some residents did not have end-of-life care plans in place that referenced their wishes regarding their physical, psychological and spiritual care including their preferred place for receiving care.

3. **Action Required:**
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

**Please state the actions you have taken or are planning to take:**
We do try to find out the wishes of the resident in end of life matters but often the resident is already at an advanced stage of dementia by the time we meet them and may be unable to express their wishes effectively.

Proposed Timescale: ongoing

**Proposed Timescale:** 14/10/2016

**Outcome 03: Residents' Rights, Dignity and Consultation**

**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 an absence of information such as residents' life stories which could inform the activity programme, support the communication needs of residents with dementia and ensure that the programme was relevant to residents' past lives and interests.

**4. Action Required:**
Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

**Please state the actions you have taken or are planning to take:**
With our pre admission assessment we will endeavour to collect more information on the life story and previous lifestyle of residents.
For current residents we will aim to provide more of this information on our current review.

**Proposed Timescale:** 30/10/2016

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staffing levels required ongoing review in the context of the dependency needs of residents and the layout of the centre.
5. **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:**
Staffing levels receive ongoing review as part of our quality management system. Dependency levels are monitored monthly. The person in Charge continues to work intermittent night shifts to observe the level of care required and delivered at night.

Proposed Timescale: ongoing

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**Proposed Timescale:** 14/10/2016

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Deficits in care planning documentation particularly in relation to care plans for residents with dementia indicate that staff require training in this area of practice.

6. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Training on assessment and care planning has been sourced from the INMO professional development centre. They have agreed to do an in house training day so that as many nurses as possible can access the training.

Proposed Timescale: January 2017 (awaiting exact date).

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**Proposed Timescale:** 31/01/2017

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Communal bedrooms that accommodate four residents compromise how privacy and dignity can be protected and promoted in accordance with the aims and objectives outlined in the statement of purpose particularly where residents have dementia and where changes in health and behaviour can impact on other residents.

7. **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:**
We occasionally have residents who may disturb other residents at night but where possible we accommodate them in a single room.

Proposed Timescale: ongoing

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<thead>
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<th>Proposed Timescale: 14/10/2016</th>
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<td><strong>Theme:</strong> Effective care and support</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited storage space in some communal bedrooms, particularly for residents living in the centre on a long term basis.

**8. 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:**
Each resident has a wardrobe, shelved cupboard and a bedside locker for their personal use.
A carer is assigned to each resident to assist them to keep their private space tidy. Some residents can accrue a lot of clothing etc especially if they do not have a close relative to remove surplus items. Excess items can be put into storage in another area.

Proposed Timescale: ongoing

| Proposed Timescale: 14/10/2016 |