

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Gaoth Dobhair
Centre ID:	OSV-0000311
Centre address:	Meenaniller, Derrybeg, Letterkenny, Donegal.
Telephone number:	074 956 0624
Email address:	gcoyle@arasgaothdobhair.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bainistíocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaíochta
Provider Nominee:	John McDevitt
Lead inspector:	Geraldine Jolley
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
22 August 2017 11:00	22 August 2017 19:00
23 August 2017 08:30	23 August 2017 14:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre. This inspection took place over two days and included a late evening. During the inspection the inspector talked to residents, visitors and members of staff. The inspector observed the delivery of care, practice in relation to health and safety and reviewed documentation such as care plans, medical records, accident reports and policies and procedures that are required by regulations.

Aras Ghaoth Dobhair is a modern purpose built one storey residential care facility that can accommodate 41 residents who need long-term, respite, convalescent, end of life or dementia care. It serves the catchment area of Dungloe, Aranmore, Burton Port and Cresslough. It is situated in the Gaeltacht area a short distance from the town of Gweedore and is in close proximity to the local primary care centre and day care services. It has two units one dedicated to general care and a designated dementia care unit where up to twenty residents can be accommodated.

The atmosphere throughout the centre was home like, comfortable and in keeping with the overall assessed needs of the residents who lived there. Accommodation for residents is provided in 17 single rooms, four double rooms and four rooms that accommodate four residents. All rooms have accessible ensuite facilities that include floor level showers, toilets and wash hand basins. Shared rooms have screens that enclose beds to protect privacy. Bedrooms were personalized with photographs and possessions belonging to residents and there were clocks that were visible to residents and set at the correct time in all bedrooms. There are several communal sitting areas and a dining room in both units that provide adequate space for residents to eat and relax together. At the entrance there is a reception/office area where staff are accessible to residents and visitors throughout the day.

While areas for improvement were identified, overall the inspector found a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The last inspection was conducted on 14 July 2016 and focused on dementia care. There were seven action plans outlined following this inspection and the inspector found that the majority of areas had been addressed. Actions in relation to health and social care where dementia care needs and personal choices had been identified for attention as they were not documented fully were found to have been comprehensively addressed. Staffing levels had been kept under regular review and the inspector saw that when needed extra staff were made available to supervise residents' care. Training on care planning had been made available to some staff with a good outcome noted as the standards of all care plans completed had improved significantly. There was for example a good outline of the interventions provided by staff to ensure residents safety and well being where daily life style patterns were subject to change and fluctuating behaviours were evident.

The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. There was good support provided by the team for old age psychiatry when residents required assessment or review.

There were systems in place to audit and review the quality of care provided and changes were made to improve the quality of life of residents. An annual review in accordance with regulation 23 Governance and Management had been completed. This provided information on a range of areas that had been reviewed however the outcome of consultation with residents and targets for improvement to the service had not been included.

Procedures were in place to ensure that staff were regularly trained in topics relevant to evidenced based practice and safety that included dementia care, moving and handling, safeguarding, fire management and nutrition. Staff could describe the reporting and managements arrangements in place if an incident of abuse was alleged and confirmed that they had regular training on this topic.

The inspector found that staff were available to provide appropriate support to

residents during the day and found that residents had varied social care opportunities. Staff were observed to have good relationships with residents and talked to them about varied topics throughout the day. Residents with dementia were included in all interactions and responses were prompted and acknowledged appropriately by staff. The inspector saw that relatives and visitors were welcomed throughout the day and some spent long periods of time in the centre and were able to have meals with residents and to help at meal times if they wished. Many residents were Irish speakers and staff were observed to communicate with them in Irish if that was their choice.

The Action Plan at the end of this report highlights areas where improvements are required. The required changes included a review of the way personal protective equipment and hoists are stored to reduce risk to vulnerable residents, improvements to end of life care plans to ensure that adequate information on residents' wishes is available to guide staff and a review of the storage facilities for residents particularly where residents have single wardrobes to store clothing.

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 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):

No actions were required from the previous inspection.

Findings:

The governance arrangements in place reflected the information supplied in the Statement of Purpose. The provider representative, person in charge and clinical nurse managers have an established structure for the operation and management of the centre. Staff who had responsibility for various aspects of the service had established a good communication network to ensure that information was shared with the person in charge, the provider representative and others participating in the management. The inspector met with one of the committee members and discussed varied aspects of the service including the role the centre played in responding to the needs of people in the local community. He conveyed that regular meetings took place and that areas identified for attention in HIQA reports and in reports from other statutory services were discussed and addressed. This year significant expenditure has to be allocated to upgrade the fire safety infrastructure following a review by the fire safety officer from Donegal County Council.

The inspector found resources were deployed to ensure that the delivery of care and the business of the centre met appropriate standards of quality and safety. Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were found to be satisfactory with good standards of maintenance and hygiene in place. Staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents.

There was an ongoing plan for refurbishment and redecoration and the majority of

areas viewed were found to be in good condition, decorated to a high standard and attractively furnished.

The quality of care and experience of residents was reviewed through varied audits. Residents and visitors told the inspector that they were able to discuss any matter with staff and said that staff were interested in their views. Residents said that staff engaged them in conversations and ensured they could express their views and also said carers were attentive to their needs. Residents admitted for periods of respite care said that they were well informed about the centre when they were admitted and knew who they could talk to if they had a concern.

An annual report in accordance with regulation 23 had been completed. This described the range of audit activity completed however it did not provide any analysis of the information collated or any any changes or improvements that could be made to the service following the audits and consultation with residents. The inspector concluded that the format of the report required review to ensure that consultation with residents and the outcome of this was included as is required by regulation 23 Governance and Management. The report would also be more meaningful if audit findings were used to inform improvements and changes to the service.

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):

No actions were required from the previous inspection.

Findings:

The person in charge has been in post since the centre opened over 10 years ago. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. She reports to the Board of Directors and is included in the scheduled meetings of the board. She has a full time role. She demonstrated a comprehensive awareness of residents' care needs, conveyed good clinical knowledge on health care issues and had a good understanding of her legal responsibilities as outlined in the regulations and standards.

She had pursued a number of professional development opportunities and had completed training in assessment and care planning, medicines management and in the assessment of older people during the past two years. Previously she had attended training on topics that included nutrition, end of life care and dementia care according to

training records provided to the inspector. She confirmed that she also kept up to date by attending conferences on topics related to her role. Her mandatory training in adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date. She had completed a management training course organised by the Health Service Executive some years ago.

She had systems in place to ensure that staff were appropriately supervised and she regularly worked shifts on the floor including night duty shifts to ensure that the deployment of staff was suitable to meet the needs of residents.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to ensure residents were appropriately protected from harm and from any form of abuse. There was a detailed policy to guide staff on the prevention, detection and response to abuse in place. The policy provided sufficient detail to guide staff on the steps to follow in the event of an allegation of abuse. The inspector found that staff on duty were knowledgeable about abuse and safeguarding and could describe their responsibility to identify, report and investigate any allegations or incidents that could impact on the safety of residents. The training records confirmed that all staff had training and that refresher training was provided regularly. Staff could describe the actions they were expected to take if an allegation or safeguarding event was disclosed or discovered and the information relayed reflected the policy guidance of the centre.

Visitors and relatives told the inspector that staff were very committed and helpful to residents and gave varied examples of the actions staff took to ensure residents' well being. Relatives said that staff advised them promptly when residents' needs changed and facilitated them to spend time in the centre when residents were unwell if they wished.

There were bedrails in use mainly to help prevent falls where residents were assessed

as at risk. The risks associated with such equipment were assessed for each individual resident and the inspector found that this equipment was used when alternative measures had not provided adequate falls prevention support for residents. Equipment such as low-low beds and sensor alarms were in use to reduce the incidence of bed rail use. However the inspector noted that over half the resident group had a documented assessment for bedrails and formed the view that the use of this equipment required regular rigorous review as part of the centre's commitment to promoting a restraint free environment. The use of bed rails was recorded and notified to HIQA in the quarterly notifications.

There was a policy in place to guide staff on how to manage behaviours associated with dementia and how to support residents appropriately. Staff had received training on understanding and managing such behaviour as part of the ongoing dementia training programme. The inspector saw that residents who exhibited fluctuating behaviour patterns throughout the day were appropriately supervised, engaged in activity and supported in a positive way that enhanced their daily lives. For example residents were spontaneously engaged in telling stories, playing games and singing with staff and this distraction and engagement was observed to be effective in helping residents relax sufficiently to enable them to participate appropriately. Residents were regularly reviewed by doctors and staff from the psychiatry of later life service when additional specialist input was required.

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):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was protected by a range of appropriate measures but required improvement in a number of areas. There was a risk management policy available to guide staff practice and this outlined a range of environmental and clinical risks. There were risk management procedures to guide staff on how to address incidents such as missing persons, emergency situations, aggression, violence and self harm.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition and, skin vulnerability and dementia. There were measures in place to prevent deterioration and to detect change. For example when a fall occurred neurological observations were completed to monitor neurological function and to detect

changes expediently so that further injury could be prevented. The inspector reviewed the assessment and management of falls. An evidenced based practice tool was in use to assess falls risks and contributory factors such as dementia and tendency to forget walking aids were identified to remind staff to exercise extra caution and supervision for residents. Accidents and incidents were recorded as required and the information was noted to contain factual details of the accident/incident, date the event occurred, details of witnesses, care provided and whether the general practitioner (GP) and next of kin had been contacted.

The inspector saw that there was an emphasis on keeping the environment safe for residents however large items of equipment such as hoists were stored off main walk ways and as some residents were mobile and had problems associated with confusion this could present risks if they wandered into the areas where equipment was stored.

The inspector reviewed practice in relation to varied health and safety procedures. Day to day practice in relation to infection control, moving and handling manoeuvres and hygiene was observed to determine how the procedures outlined for these areas were maintained. Staff were noted to adhere to good practice standards in relation to infection control. Laundry moved from bedrooms to the laundry area was safely managed. Staff were observed to use hand gels regularly and to wash their hands as they moved around the centre. Staff the inspector spoke to had appropriate knowledge of the hand hygiene and the infection control measures in place. They were also familiar with good food hygiene practice and training on this was provided in house by a qualified trainer.

There was good emphasis on promoting independence and staff were observed to encourage residents to walk even for short distances and to undertake personal care tasks such as washing and dressing independently as far as possible. There was equipment available to support mobility and all residents had their own walking aids which had been assessed appropriate for their needs. There were moving and handling assessments available for residents with mobility problems. All staff had up to date training in moving and handling and in the use of hoists.

The inspector viewed the fire training records and found that staff had received up-to-date fire safety training and this was confirmed by staff. Staff spoken to knew what to do in the event of a fire. There were fire safety action signs on display throughout the building with route maps to indicate the nearest fire exit. Fire drills and fire training exercises were completed regularly and recorded. The inspector saw that there were regular activations of the fire alarm most recently on 4 and 18 August and there was an established procedure where staff were given a "mock" scenario of a fire situation to manage. Some fire drills had taken place in the evening/night when staff numbers were lowest. The reports of fire drills indicated that staff were familiar with the location and use of equipment, fire exits and evacuation procedures.

The fire safety documentation was reviewed with maintenance staff who had responsibility for ensuring that fire safety measures and training were addressed. Fire records showed that most fire safety and fire fighting equipment had been regularly serviced. Documentation confirmed that the fire alarm was serviced quarterly with the most recent service dates May and August 2017. Fire extinguishers serviced annually on

a contract basis and were last serviced in January 2017. The inspector found that all fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record internal safety checks of fire extinguishers, the fire panel and the fire escape routes. Information and a procedure to guide staff in an emergency had been compiled. A fire safety inspection had been undertaken by fire officers from Donegal County Council. Fire safety matters that required attention included the installation of extra fire doors in hallways, an increase in the width of fire exit doors and additional smoke detectors. Plans were being drawn up to address the required works and it is a requirement of this report that the actions being taken are advised to HIQA.

There were contracts in place for the regular servicing of all equipment and the inspector viewed records that confirmed that equipment such as hoists and specialist beds was serviced. Residents were observed to have specialist seating, beds, wheelchairs and mattresses in accordance with assessed needs.

There were a sufficient number of cleaning staff available daily to ensure all areas were maintained in a clean hygienic condition. Separate sluice and cleaning areas were provided. Staff were knowledgeable about the use of hazardous substances and how they should be kept in a secure storage area when not in use. The inspector observed safe working practices and saw that cleaning products and materials were not left unattended.

There was a risk assessment for residents who smoke. Individual risk assessments were carried out for residents who smoked in order to determine the measures that would ensure their safety.

There were appropriate systems in place for the disposal of general and clinical waste and disposal containers were securely closed while waiting collection. Staff had established routines for ensuring that water outlets were activated regularly in rooms that were not regularly used to ensure that legionella bacteria did not colonise. Water was regularly tested for this the inspector was told.

The following areas were noted to need attention :

- Personal protective equipment was available for staff but was easily accessible to residents which presented a risk where residents had confusion or dementia
- In the dementia care unit there was one low level toilet which could present a falls risk and it had a handrail on one side only
- The surface of the handrail in another toilet area in this unit was damaged and could present an infection control risk

Judgment:

Non Compliant - Moderate

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:

The inspector found that there were safe systems in place for the management of medicines. Staff were well informed about the medicines in use and residents' medicine regimes. There were no actions required from the previous inspection. Standards in relation to medicines management have been found to be of a high standard in this centre during inspections.

The nurses recorded residents' responses to medicines in the daily records. There was good emphasis on reviewing medicines and multidisciplinary input from doctors, pharmacists and members of the team for old age psychiatry ensured that medicines no longer required by residents was discontinued. Some residents were noted to be on minimal or no medication. In the dementia care unit residents were observed closely when taking medicines and where problems arose with swallowing medication liquid preparations where available were used. Medicines that were not available

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Residents who had conditions that could fluctuate and required regular blood tests were reviewed regularly and there were systems in place to ensure that blood tests were undertaken as planned.

The inspector found that medicines were stored and managed in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) 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:

The inspector found that the health care needs of residents were met to a satisfactory standard. The centre has two units, one devoted to the care of residents with general care needs and the other to the care of residents with dementia. Residents who need care for short periods of convalescence or respite care are also admitted to the centre. The inspector found that standards of nursing practice and the social care programme were good and met the needs of residents in a holistic way. There was appropriate access to medical and allied healthcare professionals. Care and nursing staff were well informed and could outline residents' abilities and their health care needs. All staff knew the residents who were particularly vulnerable and where residents were at end of life they were observed to support them in a sensitive manner. Family members were also facilitated to be with residents as long as they wished and were offered practical and emotional support.

At the time of inspection there were 40 residents accommodated. In the general unit the majority of residents had complex medical needs and some had medical/end stage dementia care needs and were assessed as maximum dependency. In the dementia unit the majority of residents were also assessed as maximum or high dependency. The inspector found from reviewing care records and observing care practice that residents who required high levels of care had appropriate input from care and nursing staff. The inspector found that there was good access to medical practitioners in the local area and there was evidence that residents were regularly reviewed by doctors. Residents also had access to dietician, physiotherapy and chiropody services. The review of care plans confirmed details of referrals and appointments with the various allied health professionals. Recommendations were described in care plans to guide staff and in the case of dieticians and speech and language therapists the actions staff were required to ensure the safety and well being of residents were conveyed to care staff.

There was a record of the residents' health condition and treatment given and this was completed on a daily basis. Staff said that residents and/or relatives were involved in the development of care plans and the contribution of family members was noted to have been recorded and used to inform the delivery of care. Relatives that the inspector talked to confirmed that they were consulted and that the information they provided was included in to day to day practice. For example, relatives said residents' preferences with regard to the time they got up and went to bed were adhered to by staff. They were also asked where they liked to spend their day and given choices about activities they wished to take part in daily. Residents admitted for respite care told the inspector that they had been given time to settle in and that there was no restrictions to what they could do. Care plans conveyed that residents went out with relatives regularly and that relatives were supported to be as involved as they wished in their relatives lives. Some relatives visited daily and had meals with residents.

The inspector found that the standard of care plans had improved significantly since the last inspection when three actions were outlined for attention. Care plans for residents with dementia described their level of cognitive impairment and how this impacted on day to day life. There was information that described if residents were orientated to

their environment, who they recognised and their abilities in relation to personal care and activity. For example problems with word finding or recognising staff or family or where they lived were outlined. Areas where capacity was evident were also outlined and included ability to follow instruction, to sing and to take part in groups or individual activity conveyed a person centred approach to care planning was in evidence. There were some residents with behaviours associated with dementia such as restlessness or resistance when personal care was in progress and who required close observation. The inspector saw that staff engaged residents constructively and supervised them closely to ensure their safety. The inspector formed the opinion that appropriate care was delivered to residents and that their welfare was promoted.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. The activity coordinator and staff were noted to engage residents in varied activities such as listening to music, singing and games. There was evidence that residents who were highly dependent had one to one contact with staff. The inspector noted staff talking to residents and engaging positively with them in all areas of the centre. Stimulation was provided through memorabilia and reminiscence material displayed throughout the centre and particularly in the dementia care unit. A recent painting activity where residents' portraits had been painted by a visiting artist had proved very popular. The paintings were on display and were a source of interest and admiration for residents and visitors.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

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 dining space and is arranged around two secure internal courtyards that have been well cultivated with shrubs and flowerbeds. A sitting area in the dementia unit had been furnished with old style furniture such as a dresser, china and a fire place to help residents orientate to a small scale environment and prompt reminiscence.

Bedroom accommodation comprises 17 single bedrooms, four twin bedded rooms and four four-bedded rooms. One single room is designated for palliative care. All bedrooms have large en suite toilet and shower facilities that are fully accessible. Residents had showers and all continence care in their ensuite areas. The majority of residents were accommodated in the centre on a long-term basis. There are additional toilet facilities located in the reception area and near communal sitting and dining 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 comfortably warm, clean and odour free. There was good natural light throughout. A safe well cultivated garden was available in the dementia unit and this had several points of interest to capture residents' attention and was in regular use.

The layout and design of the multi occupancy rooms although large measuring 45 square metres detract from how staff can provide for residents' individual and collective needs in a manner that fully protects privacy and dignity. Previous inspection reports have highlighted where communal bedrooms compromise how the aims and objectives outlined in the statement of purpose can be achieved and requested that actions are taken to address this. The action remains outstanding. The personal space allocated to residents is protected by mobile screens or curtain type screens that fully enclose beds and there is space for each resident to have an armchair by their bed. The inspector noted that staff used screens at all times when providing personal care. Beds had been arranged to maximize individual residents' space and there was a tracking hoist system in place to reduce the use of intrusive equipment such as mobile hoists. However, residents' care needs are subject to change and fluctuating conditions can impact on every resident accommodated in a communal bedroom and limits their control over their individual spaces. For example if a resident becomes ill and has to spend long periods in bed or if a resident likes to spend all their time in the bedroom this impacts on how other residents can use their personal spaces.

All rooms provided storage space for residents' belongings. There was generous space in some bedrooms however in communal rooms this was restricted. Wardrobes were "built in" variety and although larger than the usual single wardrobe space they provided limited storage for residents living in the centre long term. The wardrobes were also located in one area in bedrooms which means that residents have to move from their own bedroom spaces to choose their clothes. This compromises how residents can manage independent dressing where residents have mobility problems or dementia care needs. While this was not an issue for residents receiving convalescent, respite or rehabilitative care, it could impact on residents receiving long term care.

There was appropriate equipment for use by residents and staff which was maintained

in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use all equipment.. There were suitable and sufficient toilet, bath and shower facilities. Dining and sitting room facilities were adequate, well decorated and attractively furnished.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a complaints process in place and a record that contained the relevant information about complaints was maintained. Staff said that they addressed issues of concern immediately as far as possible. The record and feedback from relatives and residents provided to HIQA confirmed that concerns were addressed promptly.

There were no complaints being investigated when the inspection was undertaken.

The procedure identified the nominated person to investigate complaints and the appeals process. Residents and relatives the inspector talked to said they were aware of the process and said that they would approach any of the staff or the person in charge if they had an issue of concern.

The inspector saw from the record that a range of matters had been resolved and these included lost items and the condition of clothing. There was information that indicated that people who made complaints were satisfied with the resolution and outcome of their concerns.

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):

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

Findings:

The inspector found that staff were available in adequate numbers and in an appropriate skill mix to meet the needs of residents. There were two action plans in the last report. Staff allocations were highlighted for ongoing review in the context of the layout of the centre and residents' care needs. Training for staff in care plan documentation was also required. Both these areas had been addressed. The person in charge said that she reviews staff allocations for both day and night duty and regularly works shifts on the floor to assess workloads and how residents are supervised and cared for throughout the 24 hour day. Staff told the inspector that they felt there was adequate staff deployed and said that where residents required high levels of supervision that extra staff were made available. Staff worked across both the general and dementia care units so that they were familiar with all residents and their care needs. The care staff team was supported by the activity coordinator, administrator, maintenance staff, catering and cleaning staff. Residents described staff as caring, helpful and in one resident's words "always in good humour and keen to keep us cheerful". They said they felt safe in the centre and relatives said that staff kept them informed at all times and were prompt with communication when residents' needs changed.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about the residents' individual needs and their day to day choices, the centre's policies, fire procedures, what to do if an allegation of abuse was suspected or happened and how to manage accidents and incidents. The inspector saw that staff responded to residents' needs in a timely way and that they were respectful and courteous in all interactions. Staff told the inspector that they were well supported by colleagues and the person in charge.

The inspector was provided with details of the training that had been provided to staff during 2015/2016 and 2017. Training had been provided on the following topics:

- Fire safety,
- The use of emergency equipment
- Medication management
- Dementia care
- Moving and handling
- Adult protection and elder abuse

All staff were up to date with mandatory training and there were plans in place to

provide refresher training on dementia care and behaviours associated with dementia later in 2017. The staff training matrix required review as all the training completed by staff and certified in personnel records had not been recorded in the training record.

The chef had completed training on food hygiene and hazard identification in relation to food management. She had also completed the train the trainer course and was cascading training on food hygiene to care staff to ensure they had appropriate knowledge on food hygiene practices when preparing and serving food.

There were systems in place for staff meetings to enable staff to discuss general business matters and resident care issues. Each day there were handovers and care and nursing staff felt that communication between staff groups was good and enabled them to deliver care effectively.

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:

Geraldine Jolley
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 Gaoth Dobhair
Centre ID:	OSV-0000311
Date of inspection:	22/08/2017 and 23/08/2017
Date of response:	28/09/2017

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 annual review of the service did not include the outcome of consultation with residents and did not identify improvements to be undertaken following audit activity.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

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

We will carry out a satisfaction survey between now and the end of the year and this data will be included in the Annual Review for 2017.

Our monthly collection of data will be analysed and information gained from this will inform us of where improvements can be made. This information can be included in our Annual Review for 2017.

Proposed Timescale: 31st December 2017 and annually

Proposed Timescale: 31/12/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There was significant use of bedrails as a falls prevention measure for over 50% of residents and the inspector concluded that bed rail use required review as part of the commitment to promoting a restraint free environment in accordance with good practice.

2. Action Required:

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

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

Our Management Team support the principle of a restraint free environment, however this is not a realistic objective for us at this time. More than 50% of our current residents are in an age range of 85 to 101 years. All of our residents are assessed for their functional capabilities and also for their cognitive ability. When we take this into account 75% of our current residents are in the maximum dependency range. These factors contribute to the high level of bedrail use.

The level of bedrail use is amongst the data we collect monthly and the bedrails are only used after a full assessment is carried out. We will always strive to reduce this level but resident safety is assessed on an individual and ongoing basis.

Proposed Timescale: Reviewed Monthly

Proposed Timescale:

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The following areas that presented hazards required attention:

- Personal protective equipment was available for staff but was easily accessible to residents which presented a risk where residents had confusion or dementia
- In the dementia care unit there was one low level toilet which could present a falls risk and it had a handrail on one side only
- The surface of the handrail in another toilet area in this unit was damaged and could present an infection control risk.

The storage of hoists in areas accessible to residents also presented risk to residents who were mobile.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Each of the first three items ie. The PPE, low level toilet and handrail will be addressed fully within the next four weeks.

Hoists are now removed from the circulation area when not in use.

Proposed Timescale: 30/10/2017

Theme:

Safe care and support

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

Fire safety work was identified for attention by the fire safety officer and the schedule of works should be advised to HIQA to protect the safety and well being of residents, staff and visitors.

4. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire Safety upgrades have been costed and this topic will be for discussion at the next

Management Meeting.

The Inspector will be updated as soon as a realistic plan has been formulated.

Proposed Timescale: 31/12/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Communal bedrooms that accommodate four residents compromise how privacy and dignity can be promoted and protected in accordance with the aims and objectives outlined in the statement of purpose particularly where residents have dementia / changing behaviours or fluctuating health care needs that can impact on other residents.

5. 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:

Our 4-bedded rooms are used exclusively for residents with maximum dependency needs. When we have a resident with challenging behaviour which is likely to impact on other residents we strive to provide a single room for them. As a resident approaches end of life we will transfer them into a single room.

Proposed Timescale: Review Monthly

Proposed Timescale:

Theme:

Effective care and support

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

There was limited storage space for personal possessions in some bedrooms particularly for residents living in the centre long term. Wardrobes were in one location away from bed areas which compromised residents' ability to manage independent dressing.

6. 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:

As previously mentioned, residents in the 4-bedded rooms have maximum dependency levels and require full assistance with their activities of daily living. They are unable to dress independently.

Proposed Timescale: Reviewed as resident`s needs change.

Proposed Timescale: