

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhuire Community Nursing Unit
Centre ID:	OSV-0000627
Centre address:	HSE West, Dublin Road, Tuam, Galway.
Telephone number:	093 24 655
Email address:	arasmhuire@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	JJ O'Kane
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	5

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 04 April 2017 09:30 To: 04 April 2017 20:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Aras Mhuire Community Nursing Unit was built in the 1960s. It was originally a novitiate for nuns and opened as a care centre for older persons in 1975. It is a two-storey building with landscaped gardens, and wheelchair access at the front and rear. All residents are accommodated on the ground floor. The first floor contains office and storage area. It is located on the outskirts of Tuam in Co. Galway, within walking distance of the town centre. . Currently the centre is registered to provide care to 20 residents including two dedicated palliative care places. Aras Mhuire also provides day-care services for people from the local community who attend four days per week.

This unannounced monitoring inspection was the eighth inspection by the Health Information and Quality Authority's (HIQA) and was carried out as part of the HIQA's regulatory monitoring function to check progress on actions from the previous

registration renewal inspection which was carried out on the 29/30 September 2015 and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013. HIQA was also in receipt of unsolicited information with regard to the protection of a resident and with regard to falls assessment and management.

During the course of this inspection, the inspector met with a number of resident's staff members and relatives. The inspector observed practices and reviewed records such as accidents and incidents, nursing care plans, medical records, policies and procedures, and a sample of staff personnel files and staff training records. The inspector found that residents received nursing and medical care to a good standard. Residents were complimentary of the care provided and the staff. Residents were regularly assessed and care plans were developed based on these assessments. Residents had access to the services of a general practitioner and allied health specialist services such as dietician, physiotherapist, speech and language therapist and chiropody services

The centre had reported allegations of abuse to HIQA and information with regard to falls and submitted information subject to a provider led investigation. Aspects of the unsolicited information were found to be substantiated that related to the lack of communication with a family in respect of on-going investigation of the protection of a resident and the lack of an internal review with regard to an adverse incident. This is discussed further throughout the report.

Four actions were documented post the inspection of the 29/30 September 2016. Three of these actions had been completed. The action detailed under premises with regard to insufficient toilets had not been addressed. The deputy person in charge informed the inspector that plans are in place to build a new 50 bedded centre in Tuam. The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

The action with regard to completion of an annual review of the quality and safety of care delivered from the last inspection had been addressed. A comprehensive annual review of the safety and quality of care delivered to residents had been completed for 2015 and the report for 2016 was in process. Areas reviewed included wound care, medication management, quality of life and staffing. However, there was poor evidence available that this was carried out in consultation with residents and their families or that a copy was made available to residents.

An audit system was in place and regular audits were completed or planned in areas such as nutritional care and management, documentation, health and safety and medication management. The risk management policy details arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. However, when an adverse incident occurred in the centre, there was no process enacted to complete a comprehensive review of this incident or ensure that such a review was completed.

Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The person in charge had protected time to complete governance and management duties. Many staff had worked in the centre for a substantial number of years and there was evidence of good communication between the staff team through the use of a communication book, diary and handovers at the change of each shift. Staff members spoken with by the inspector demonstrated good knowledge of the residents' care needs. Care staff stated they felt supported by nursing staff.

Judgment:

Non Compliant - Moderate

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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 was on leave at the time of inspection. The deputy person in charge was in the centre and facilitated the inspection.

The person in charge has been the person in charge since the commencement of the regulatory process. She is a registered nurse and has the required experience to comply with current regulations in nursing older people. A review of her staff file showed she had continued to engage in professional development and since the last inspection and had attended training on clinical areas including dementia care, safeguarding and clinical aspects of elderly care. Her mandatory training in safeguarding vulnerable adults and manual handling 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.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:

The action from the previous action plan was completed. New medication prescription records had been developed and two nurses were signing when medication was transcribed. The inspector found that records were well maintained and securely stored.

Records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records related to resident care, complaints, notifications to HIQA and staff rosters. fire safety, staff recruitment and residents' care.

Improvement was required with regard to the maintenance of records associated with fire safety drills, which is discussed further under Outcome 8.

In the sample of staff files reviewed, all schedule 2 documents were in place. The files were well organised and it was easy to retrieve the required information. All schedule 5 policies were available.

A visitors' log was in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents and to inform staff of persons in the premises should evacuation be required.

Accident records were comprehensively completed and all reviewed had been reviewed by a senior clinician.

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:

Measures were in place to safeguard residents. Staff spoken with were knowledgeable of the policies and procedures to ensure residents were safeguarded against abuse. All staff had undertaken training in recognising and responding to allegations of abuse. The Health Service Executive (HSE) policy on "Safeguarding Vulnerable Persons at Risk of Abuse" 2014 was available in the centre.

The deputy person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. Two notifications with regard to an allegation of abuse had been submitted to the Chief Inspector. An investigation is ongoing with regard to these matters. The safeguarding team are involved and a safety management plan is in place. However, there was poor evidence available in documentation reviewed and from speaking with staff and relatives of effective regular communication with family members and the safeguarding/management team.

The entrance was secure and required a key pad code to open the doors. Residents spoken with stated they felt safe and secure in the centre. A culture of promoting a restraint free environment with evidence of alternatives such as low-low beds, chair alarms was in place. The national policy, 'Towards of Restraint Free Environment in Nursing Homes (2011)' was available in the centre. Seven residents had bedrails in place. In discussion with the person in charge on the use of bedrails she described how most were used as an enabling function and were in place for the purpose of positioning or enhancing physical or psychological function. Care plans were in place but they did not detail the rationale for use of the bed rails. Laps straps were in use as a safety measure when moving residents in chairs. Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the family/significant other but poor evidence of discussion with the resident.

There was a policy on the management of responsive behaviours. At the time of inspection there were no residents who presented with responsive behaviours. There was very good evidence of access to psychiatry of later life and the community mental health nurse attends the centre as required. Staff had undertaken training in dementia care and responding to responsive behaviour.

The centre did not manage any residents' finances. Comfort monies for two residents were transferred to the centre. All monies transferred were distributed to the residents. Receipts were available with two staff signatures.

Judgment:

Non Compliant - Moderate

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Service records reviewed confirmed that the emergency lighting and the fire alarm

system were serviced regularly. The fire extinguisher equipment had been serviced on the 28 June 2016.

On walking around the centre the inspector noted that fire exits, were unobstructed. Review of the fire training records showed that all staff had undertaken training in fire safety in the last year. Fire evacuation notices were in place throughout the centre detailing the route to the nearest exit. Staff spoken with stated that that fire drills were being completed annually as part of the fire training . Fire training records did not provide a comprehensive record as to what occurred as part of the fire drill, whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

Risk assessments were in place with regard to risks identified. Where a risk was identified, they were evaluated and controls were in place to mitigate the risk.

Training was provided to all staff in the safe movement and handling of residents. There was safe floor covering and handrails on both sides of the corridors throughout the centre.

There was a policy in place for the prevention and control of infection. There was access to supplies of gloves and staff were observed using the alcohol hand gels which were available throughout the centre.

Arrangements were in place to review accidents and incidents. Residents at risk of falling were assessed using a validated fall assessment tool. The outcome of these assessments was communicated to all staff and a care plan specific to the identified falls risk was in place. Evidence was available that post-fall observations, including neurological observations, were undertaken to monitor neurological function after a possible head injury as a result of a fall.

Service contracts were in place for equipment in use in the centre. Hoists were last serviced on the 02 February 2017. The chair lift was serviced on the 27 January 2017. All chairs and beds were serviced in May/June 2016.

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:

There was evidence of good medication management processes. A medication management policy which complied with the regulations was available. The inspector observed a nurse administering medications and found that medication was administered in accordance with the policy and An Bord Altranais guidelines.

The inspector spoke with the nurse administering the medication and found she was knowledgeable with regard to the medication prescribed. She also confirmed there was a procedure in place for the management of medication errors and showed the inspector a template form that they would complete.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the change of each shift.

Residents had their medication reviewed by the general practitioner (GP) regularly. All medications no longer used were signed as discontinued by the medical practitioner, the maximum dose in 24 hours of as required (PRN) medication was recorded on the prescription.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained. Notifications had been submitted to HIQA as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an

individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The action with regard to review of care plans was documented under Outcome 5 at the time of the last inspection. This action had been addressed. Care plans were reviewed at four monthly intervals and there was some evidence of consultation with residents and where appropriate their families. To ensure that this is meaningful consultation a narrative note should be recorded to ensure the resident and or their family have input into the care plan. This was not occurring and the action is repeated in the action plan at the end of this report. Care plans were in place for all needs identified.

Prospective residents were assessed prior to admission by a staff member to determine if the centre could meet their needs. On admission a comprehensive assessment was completed and updated in response to changing needs thereafter.

Residents healthcare needs were found to be well met. There was no residents with a pressure wound at the time of inspection. Residents had access to the services of a general practitioner (GP) and allied health services such as dietetics, speech and language, occupational therapy, and palliative care. A physiotherapist attended the centre regularly.

The inspector reviewed a sample of residents' nursing care documents found that each identified need had a care plan outlining the care required by the resident to meet that need. For example, where a resident was assessed had a nutritional risk identified a nutritional care plan was developed.

Some staff were from the local area and knew the residents and their families prior to their admission to the centre. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector.

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:

The action from the last inspection with regard to an inadequate number of toilets and the use of a triple room had not been addressed. The current building poses a challenge to the delivery of care in line with the Statement of Purpose.

At the time of the last inspection the inspector noted that plans were in place to provide a new purpose built 50 bedded community nursing unit on an adjacent site and the inspector was shown a comprehensive document that detailed the project design brief for this build.

There are 17 bedrooms and these consisted of one three-bedded room with an en-suite toilet and shower, one twin room with an en-suite toilet and 15 single bedrooms. Five of the single bedrooms were spacious and had en-suite toilet and shower facilities. Two of these bedrooms are designated palliative care beds. The triple room is small for three residents to provide appropriate personal space and allow for a chair at the side of each bed in addition to an individual wardrobe and a locker. Screening was available around each bed but this protects residents' privacy and dignity to a limited level. For example, privacy to have a conversation with a relative/friend/staff if you are ill in bed is not protected.

All resident areas were on the ground floor, while upstairs was used as offices and staff areas. Bedrooms and communal areas were found to be clean, well ventilated and comfortably warm. Hand testing indicated the temperature of hot water did not pose a risk of burns or scalds. Separate changing facilities are provided for care and kitchen staff to enhance infection control practices. There was appropriate equipment for use by residents. Staff were trained to use equipment, and equipment was appropriately stored. Overhead hoists had been installed in residents' bedrooms and an overhead hoist has been fitted in addition to a chair lift for three steps linking the B unit to the main building. Appropriate infection control measures were in place.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Policies and procedures which comply with legislative requirements were in place for the management of complaints. The process which was displayed on entry. Verbal complaints were documented and staff explained that they actioned these immediately where possible. Complaints were documented and investigated and outcomes recorded, including whether the complainant was satisfied with the outcome of the complaint. Advocacy services were available if required.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 14: End of Life Care</i> <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was no resident actively receiving end of life care at the time of this inspection. Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was described by nursing staff. Staff described how they would ensure that residents' physical, emotional, social, psychological and spiritual needs would be met. End of life care wishes were documented.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 15: Food and Nutrition</i> <i>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.</i></p>
<p>Theme:</p>

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A policy on nutritional care was in place to inform best practice. Residents were screened for nutritional risk on admission and regularly thereafter. Residents' weights were checked on a monthly basis and more frequently where residents experienced unintentional weight loss.</p> <p>The inspector met with the chef on duty who displayed a good knowledge of residents' specific needs. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering and care staff. Food and fluid charts were being maintained for any residents who required intake monitoring.</p> <p>The inspector viewed the menu which demonstrated the provision of a varied and nutritious diet. Hot/cold drinks and snacks were readily available. Residents spoken with by the inspector stated that they were happy with the choice of food and alternatives were available on request. There was good access to dietetic and speech and language therapy services. Adequate staff were available to assist and monitor intake at meal times.</p>
<p>Judgment: Compliant</p>

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

Theme:
Workforce

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

Findings:
The numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre. On the day of inspection, there was 15 residents

accommodated in the centre, seven of whom were assessed as maximum dependency, seven were high dependency and one as medium dependency. The sitting room was supervised at all times and call bells were answered promptly. Many of the staff had worked in the centre for significant periods of time and knew the residents well. Residents spoken with by the inspector were complimentary of the staff.

An actual and planned roster was available. The inspector reviewed the roster and found that a registered nurse was on duty at all times. The usual compliment of staff on duty in the centre was usually 2 nurses and the person in charge (PIC) or her deputy, and four care staff. The deputy PIC took a lead in the provision of meaningful activities for residents on days that day care residents attended the centre an additional care assistant worked from 12:00 until 17:00 hrs.

On night duty there was one nurse and one care assistants on night duty. In addition two catering and two administration staff were available. Laundry and housekeeping was provided by way of a contract.

The inspector reviewed a sample of staff files and found they complied with Schedule 2 of the regulations. The deputy person in charge confirmed that all staff had up to date Garda Siochana vetting in place. No volunteers were attending the centre at the time of inspection.

Copies of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 were available to staff. An ongoing training programme was in place and all staff had completed mandatory training in manual handling and safeguarding of vulnerable adults. Additional training and education relevant to the needs of the residents profile had been provided for example nutritional care, end of life care and dementia care.

There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhuire Community Nursing Unit
Centre ID:	OSV-0000627
Date of inspection:	04/04/2017
Date of response:	18/05/2017

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 risk management policy details arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents, however, when an adverse incident occurred in the centre there was no process enacted to complete a comprehensive review of this incident.

1. Action Required:

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

1. Following the serious incident we had debriefing sessions at both the Nurses Meeting and Healthcare Assistants Meeting on 24.05.2016 – please see attached minutes and copy of letter to General Practitioners to review new resident on day of admission.

2. I contacted a community nursing unit regarding a Falls Programme on 25.04.2017 and was informed that the co-ordinator will get in touch with us in order for us to implement this.

Proposed Timescale: 1. Complete 2. 31.07.2017

Proposed Timescale: 31/07/2017

Theme:

Governance, Leadership and Management

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

A comprehensive annual review of the safety and quality of care delivered to residents had been completed, however a copy was not made available to residents

2. Action Required:

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

A copy of the completed annual review has been put in the resident's folder in the Day Room, same being discussed and explained with residents

Proposed Timescale: 02/05/2017

Theme:

Governance, Leadership and Management

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

A comprehensive annual review of the safety and quality of care delivered to residents had been completed, however there was poor evidence that this was carried out in consultation with residents and their families.

3. 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.

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

1. For future annual reviews, residents and their families will be consulted prior to the drafting of the annual review plan.
2. The present annual review is being discussed and explained to the residents and a meeting will be scheduled for residents and their families to outline and discuss the annual review. Meeting Date: 28th May, 2017. Copy letter attached.
3. A Bi-annual Newsletter will be drawn up and left for residents & their families throughout the Unit.

Proposed Timescale: Meeting Date: 28.05.2017 Bi-Annual Newsletter - 30.06.2017

Proposed Timescale: 30/06/2017

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:

Care plans did not detail the rationale for use of the bed rails.

4. 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:

1. The restraint form was updated to reflect bed rails instead of cot sides and also included the rationale for bed rails – see attached form.
2. Nursing staff were advised of the importance that if residents require restraints that their consent is sought and documented in their care plan.

Proposed Timescale: Complete

Proposed Timescale: 18/05/2017

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There was poor evidence available in documentation reviewed and from speaking with staff and relatives of effective regular communication with family members and the safeguarding/management team in regards to an on-going investigation of a safeguarding issue.

5. Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

All concerned parties were updated and informed and the investigation is ongoing.

Proposed Timescale: Complete

Proposed Timescale: 18/05/2017

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:

Fire training records did not provide a comprehensive record as to what occurred as part of the fire drill, whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

6. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

1. As regards the fire training records, I attach the Fire Evacuation Drill Sheet details from 22.09.2016.

2. A fire drill will be carried out on 02.05.2017 to simulate a night duty scenario and going forward these will be carried out at regular intervals.

3. A Personal Emergency Plan for each resident will be carefully planned, formulated and displayed ensuring the utmost privacy of the resident in doing so.

Proposed Timescale: 02.05.2017 & Ongoing at regular intervals.

Proposed Timescale: 02/05/2017

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:

The current building poses a challenge to the delivery of care in line with the Statement of Purpose.

7. 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:

Plans are at an advanced stage with regard to the construction of a new 50 bedded replacement unit with the assistance of a very generous financial gift towards its construction cost from a local benefactor. HSE funds have been set aside by the HSE for 2017 for its Design Brief and any remedial work in the interim is set aside until this is advanced. I will forward new brief and scheduled project development when they come to hand.

Proposed Timescale: 30/06/2017