

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Centre address:	Castlerea, Roscommon.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Siobhan O'Sullivan
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	8

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: 03 August 2017 12:30 To: 03 August 2017 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection completed over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). It was the tenth inspection of this centre undertaken by HIQA. The inspector observed the delivery of care including social care and reviewed documentation such as care plans, staff personnel records, accident/incident reports and policies and procedures. The inspector talked with residents, staff members and visitors throughout the inspection and also viewed the premises.

Aras Mhathair Phoil is a purpose designed building operated by the Health Service Executive. It is located in a residential area a short drive from the shops and business facilities in the town of Castlerea. It is registered to accommodate 31 residents. A major upgrade of the premises was completed in 2016. This had enhanced the environment for residents. Bedrooms were now single or double occupancy and a tracking hoist system had been installed in all single rooms to

reduce the need for mobile equipment. There were adequate communal areas where residents to sit together in comfort and other areas where they could spend time quietly or with visitors. There were adequate accessible toilets and bathrooms near bedroom and communal areas. Equipment that enhanced accessibility and provided safety for residents with mobility problems had been installed throughout the building. For example, there were handrails on both sides of toilets, showers were floor level and there was contrast in the colours used for handrails and the areas behind sinks to highlight their location for people who have problems related to confusion or who have vision problems. Areas used for specialist treatments such as physiotherapy were appropriately equipped and there was adequate storage for residents' belongings and equipment. The centre was found to be in good decorative condition, was well maintained and appropriately decorated. All areas were clean and no hazards were observed when the inspector viewed the building. There was an accessible outdoor garden area that a flat surface where residents could sit or walk around safely. There was an ongoing programme of decoration and maintenance.

The inspector spoke with two groups of residents during the day and with two other residents individually. All residents described the service in positive terms. Staff were described as "caring and good humoured, "helpful and keen that we continue to do things ourselves including going out". Residents said that the food was "very tasty and that good choices are offered at each meal time" and also said "the staff will prepare food at any time for you". Residents also said they enjoyed a wide range of interesting activities and valued the efforts made to ensure that life in the centre was interesting and stimulating for them. There were regular exercise sessions and Mass was celebrated weekly. A series of art sessions had been organised recently over a six week period and these had proved very popular. During the inspection residents were watching Ladies Day at the Galway races and were discussing the event with staff. Residents said they felt safe and well protected which they felt was due to having confidence in the staff and the professional manner in which they approached their work.

Care, nursing staff and ancillary staff conveyed their roles and responsibilities well and had a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by ensuring that residents had access to rehabilitation programmes where needed. Three residents told the inspector that their health had improved since they moved to the centre and said that they could enjoy life again. They described improvements in mood, their mobility and in their general interest in life.

Residents had access to doctors and to the services of allied health professionals. Care plans outlined health and social care needs and were based on a range of evidence based assessments. The inspector found that the standard of care planning was generally good however where care plans described responsive behaviours or behaviour related to dementia there were some instances where the type of behaviour was not evident making it difficult for staff to anticipate or respond to the problems they may encounter. Residents who had dementia were noted to be well supported by staff who were familiar with their abilities as well as their needs for support.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The centre was clean and well organised. The fire safety arrangements were satisfactory and fire fighting equipment was strategically located and readily accessible. The person in charge and the staff team demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider including the notifications that had to be made to the Authority. The inspector found that the person in charge and clinical nurse manager provided good leadership and guidance to staff. The provider representative had regular contact with the person in charge. The inspector found that there was a strong commitment from all staff to ensure compliance with legislation and to ensure residents had a life style that gave them opportunities for enjoyment and fulfillment as well as meeting their care needs.

The last inspection of the centre was conducted on 23 August 2016 and was also unannounced. There were two actions outlined for attention and the inspector found that these had been addressed. Nutrition records were now completed more fully and provided better information that enabled anyone reading the record to make an informed judgment on residents' nutritional intake. Activity and social care records also provided more detail on the activities that were available and that residents had attended. Areas that were noted to need attention during this inspection in addition to the care records described earlier included the way records were filed as some did not provide adequate security against loss and training for staff in moving and handling as all staff had not completed training within the established time frames.

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 person in charge has a full-time role in accordance with legislative requirements. He has this responsibility for another centre in the area The Plunkett Community Nursing unit which is a half an hour drive away. Part of the working week is spent in each centre overseeing care practice and the general business of the centre. There is an administrative and clinical support structure in place to ensure appropriate governance. The person in charge is supported by a clinical nurse manager who also has a full time role and covers any absence of the person in charge.

The inspector found that there was an audit system in place to ensure aspects of the service and care practice were reviewed and improved where changes were indicated. There was for example a regular review of falls and incidents. The inspector was told that where areas for improvement were identified falls prevention measures were put in place to prevent further incidents.

The last inspection of the centre took place on 23 August 2016. The actions outlined following this inspection had been addressed. The inspector found that staff conveyed good knowledge of the legislation and standards relevant to designated centres and were committed to achieving good compliance.

There is an ongoing programme of maintenance and decoration to ensure the premises provides an appropriate environment for residents. A major upgrade was completed in 2016 and this has ensured that bedrooms are now single or double occupancy and provide appropriate privacy standards for residents. The inspector found that the governance and management systems ensured that the centre was safe and provided an appropriate environment to meet residents' needs.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no change to the role of person in charge since the previous inspection. He is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and has a full-time role.

He was on duty for part of the inspection and demonstrated good awareness of residents' care needs, staff deployment and the legal responsibility associated with his role under the Regulations and Standards. Residents knew who was in charge and said that if they had concerns of a serious nature or a business query they knew who to talk to and where the office was located.

Part of each week is spent in this centre and there is an on call arrangement to ensure staff have access to advice when the person in charge is off site.

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:

An action plan in the last report described where nutrition records did not provide a complete overview of food or liquid consumed to enable anyone examining the record to make a judgment on the adequacy of the diet consumed. This action had been addressed. A more detailed format for nutrition records had been introduced. This highlighted for staff that liquid type and volume should be recorded and the portion sizes for food consumed at meal times.

Records viewed were fully complete and provided good detail on the diet consumed.

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:

There were measures to protect residents being harmed or suffering abuse in place and staff knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. A policy and associated procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received training on elder abuse and a small number had attended training on the safeguarding of vulnerable adults at risk of abuse procedures introduced by the HSE. As this is the procedure that staff have to follow should an abuse incident arise it is a requirement of this report that all staff have training on the new procedures to equip them to implement the policy effectively.

There were no active incidents, allegations, or suspicions of abuse under investigation. There was a visitors' record located in the reception area at the main entrance. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and information was recorded in care records that showed that other methods such as low to floor beds and supervision was

put in place to protect residents from falls before bed rails were introduced. There was a checking system in place to ensure that all bed rails were fitted appropriately and were checked regularly when in use. At the time of inspection 12 bedrails were in use. The clinical nurse manager and staff team were engaging with residents and family members when residents were admitted and reviews were undertaken to try and reduce bedrail use.

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:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. Infection control management was noted to be appropriate and included the availability of hand sanitising solutions and hand gels throughout the centre for the use of staff, residents and visitors. These were noted to be used by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in toilet and sluice areas. There were supplies of personal protective equipment readily available.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were described in care records. There was information to guide staff on the assessment and management of risk associated with these vulnerability factors. There were good descriptions of the risks presented, the control measures in place and the triggers for further intervention available in the relevant areas of care records. The information included how to prevent skin deterioration by ensuring a routine of position changes was implemented and indicators for referral to allied health professionals when weight changes were evident.

Measures were in place to prevent accidents in the centre and grounds. The building was generally clutter free and there were grab rails in hallways and in bathrooms and toilets. There was a system to identify residents most at risk of falls to alert staff to their degree of vulnerability. Moving and handling assessments were available, were up to date and reflected resident's dependency and capacity to mobilise. The assessments indicated where hoist transfers were required and when the assistance of two staff were needed. All bedrooms had been fitted with tracking for hoist transfers and there was a variety of slings available to ensure residents' moving and handling requirements were addressed safely. Staff were observed to provide appropriate support to residents who had mobility problems and who used walking aids. However training / refresher training

in moving and handling was required by several staff as the training records provided indicated that this training was not completed within the established time frames.

Accidents and incidents were recorded and there were good descriptions of the events that happened and the measures taken to prevent recurrences. The provider representative and persons in charge reviewed falls and incidents to determine where preventative action could be taken to ensure that residents did not sustain preventable harm. No serious injury had been sustained by a resident in the centre since April 2016.

Equipment was noted to be in good condition, regularly serviced and stored safely.

The fire safety arrangements in place were supported by staff training and regular checks and servicing of equipment. There was a fire procedure and clear floor plans of the building that identified the routes to the fire exits on display. The fire alarm, emergency lights and fire extinguishers were serviced regularly through a contract arrangement. The inspector saw that the fire alarm had been serviced at the end of January and in May 2017. Fire extinguishers were serviced annually and the last service date was December 2016.

Staff had information that described residents' individual requirements should the centre need to be evacuated. This information was readily accessible and described the areas where residents resided and if they needed a wheelchair or evacuation sheet to move them in an emergency. They described how they were taught to use the ski sheets to move residents and to proceed with progressive horizontal evacuation through each set of fire doors.

The centre had a missing person procedure and there were safety measures including constant supervision of communal areas in place to ensure that residents did not leave the building unnoticed.

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. There was an appropriate secure storage area for medicine trolleys and supplies of medicines. The fridge used to store items that require refrigeration was

purpose designed, clean and functioning at an appropriate temperature. The inspector was told that residents admitted for respite care take in their own medicine supply to cover the duration of their stay. Two pharmacies supply medicines and residents have a choice of pharmacist as required by regulations. A pharmacy audit of the arrangements is undertaken regularly which supports the regular checks of the system undertaken by nurses.

Nurses were well informed about the medicine regimes of residents. Resident's medicines were noted to be reviewed every three months by doctors, nursing staff, specialist services and the pharmacist.

The inspector saw that all the required information was described on administration records and instances when residents refused medicines or medicines were not given for any reason were recorded. Medicine prescribed on an "as required" basis had the maximum dose that could be given over a 24 hour period described.

The inspector observed that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Nurses attended medicines management training on an ongoing basis to ensure their knowledge was up to date and that they adhered to good practice standards. Two staff had completed training in June 2017 according to the records provided.

The only area of non compliance noted was that liquid medicines were not dated when opened to alert staff and ensure they were given within a safe timeframe.

Judgment:

Substantially 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 centre accommodates residents on a long term basis and also provides short term care when residents require respite, rehabilitation, convalescence or palliative care. There were 23 residents accommodated during the inspection and two residents were

receiving care in hospital because of acute medical problems. There were five residents with a diagnosis of dementia and a further ten who had some degree of cognitive impairment according to nursing staff. The majority of residents had a range of complex healthcare issues and were being treated for more than one medical condition.

The inspector found that the wellbeing and welfare of residents was met to a satisfactory standard. The inspector based this judgment on documentation reviewed, observations of the delivery of care and feedback from residents which indicated that the care provided reflected evidence based practice and resulted in good outcomes for residents. The inspector reviewed the care plans of three residents and also reviewed specific aspects of care such as nutrition, wound care and social care relevant to other residents.

The arrangements to meet residents' needs were set out in individual care plans that were based on recognised assessment tools. These assessments enabled staff to evaluate residents' progress and to assess levels of risk in relation to vulnerability to falls, nutrition, pressure area problems, dementia and mobility. Care plans for residents assessed as high falls risk and who used bedrails were also examined.

The inspector found that standards of personal and nursing care were appropriate and staff had access to medical and allied health professional input when required. The assessments completed had an associated care plan where a need/risk was identified. Nursing and care staff could convey an informed view of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw evidence that a person centred care approach was promoted and implemented. Residents had a choice about when they got up, where they spent their time and what activity they took part in during the day. Staff ensured that they chose what clothes they wore where this was possible to establish and carers were observed offering residents choices and reminding them of clothing returned to their wardrobes. The areas where residents spent time were supervised at all times when occupied. Staff acknowledged residents when they went into rooms and chatted to them in a friendly manner. They engaged residents in discussions about the news, the local festival, the Galway races and football.

Care plans provided a good overview of residents' health, abilities, interventions needed to ensure personal well being care and social care. A comprehensive nursing assessment was completed on admission and this was supported by a medical assessment. Assessments were based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify nutrition requirements, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. Care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. Residents had access to primary care services and there was evidence of medical contacts at least three monthly and more frequently when required. There was evidence that residents and relatives were involved in care plans and their views were recorded and incorporated into daily care practice. The inspector found that dementia care needs were outlined in a way that informed staff about orientation,

communication and responsive behaviours. There was information on who residents recognised and what social activities were meaningful to them and elicited the best responses.

Care plans for residents with responsive behaviours required more development. The inspector found that while unpredictable or responsive behaviour was referred to the type and frequency of such behaviours was not described to guide staff practice. Some residents were admitted so that rehabilitation programmes could be put in place. The centre had the services of a physiotherapist two days a week who undertook exercise programmes and assessments that informed staff of potential for further independence. There were very successful outcomes for some residents who had achieved significant improvement in their levels of activity. Residents told the inspector about what this meant for them in terms of being able to go out and have a more active life in the community.

There was a record of residents' health condition and treatment given completed by nurses daily and at night. Reviews and evaluations of care were evident at the required intervals.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant information about their care and treatment was shared between services to avoid confusion and ensure medication could be reconciled.

Residents had opportunities to participate in activities that were meaningful and that suited their needs, interests and capacities. This was facilitated by care staff and external personnel employed on a sessional basis. A "Key to Me" document provided information on residents' likes and dislikes, past occupation and hobbies and interests. Some residents had attended the opening of the town festival the previous evening and staff said that the centre had good links with the local community. An intergenerational project with a local school had proved very successful for the residents and children and it was hoped to repeat this at another time. The mobile library brings books periodically and some residents valued this service as they could choose their own books to read. A theatre group is booked periodically and the dramas/plays have been very successful the inspector was told. The regular activity included games, discussions, baking, art, music and singing sessions, exercises and Mass is celebrated once a week.

An action plan in the last report had been addressed. A record was now maintained of the activities that took place and this was supported by a record for each resident that conveyed what activity they had attended and their level of participation.

Wound care plans and interventions were reviewed for a wound in receipt of attention. There were no wounds related to pressure area problems. There was an appropriate plan in place to guide staff interventions that included a complex dressing and high specification pressure relieving equipment. The inspector found staff were well informed on the actions to take and that the advice of specialists such as a tissue viability nurse and dietician had been sought to ensure practice was appropriate and encouraged optimum healing. Nurses recorded progress and the condition of the wound at each dressing change.

Residents who experienced unplanned weight loss were reviewed by doctors, dieticians and speech and language therapists. Some residents experienced weight loss when at end stage dementia. There were additional nutrition interventions put in place to ensure that residents did not experience adverse health outcomes that could be prevented. The inspector saw that these interventions had stabilized weight loss effectively.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The centre provided a home like and relaxed environment for residents. There was a range of communal spaces where residents could spend time during the day. These areas were comfortably furnished and had a variety of ordinary and specialist support chairs to ensure residents comfort. The television in the main sitting room was located at a appropriate height that residents could view it with ease.

There was a room available for visitors and this could accommodate a number of people for special occasions. The dining room was attractively organised and had adequate space between tables for residents who had mobility problems and used walking aids or wheelchairs to move around in comfort. A home like environment had been created by the use of table cloths and flower arrangements on tables.

The layout had been extensively refurbished during 2016. Bedroom accommodation was upgraded and all rooms are now single or double occupancy. There were assisted bathrooms, showers and toilets in close proximity to communal and bedroom areas. All bedrooms have a tracking hoist system which eliminates the need to use mobile hoists and enhances the space available to residents.

The standard of decoration throughout was noted to be good. Several dementia friendly design features had been included as part of the premises upgrade. These included good contrasts in the colours used for floors and walls, good use of natural light and fixtures such as wash hand basins which were white were set against an orange background colour to improve visibility. Shower areas had appropriate accessible aids

such as shower chairs and trolleys and residents had a choice of having a bath or shower.

Bedrooms had sufficient storage with a double wardrobe and additional cupboard space available to store residents' belongings. There was over bed lighting to enable residents to use lights independently if accommodated in shared bedrooms. A range of specialist pressure relieving equipment was available when residents required such equipment.

The premises were visibly clean, tidy and well organised when viewed. Residents had been able to bring personal items into the centre and these were displayed in bedrooms. Residents told the inspector they enjoyed having the photographs of family events to remind them of good times. Clocks in bedrooms were located at eye level so residents could see them easily and were at the correct time.

There was a safe outdoor area that had a level surface and that was free from obstacles and trip hazards. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hand rails were available to promote independence. The centre had a call bell system to assist residents to call for help when they need it and the inspector observed that call bells were answered promptly.

There is a maintenance person that deals with general maintenance matters who is on duty daily. Hot water was dispersed at a safe temperature when hand tested. There were no premises issues identified for attention during the inspection.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that care plans to guide staff at end of life had been completed however some lacked detail on critical decisions made in relation to how care might be managed at this time. For example residents wishes for no interventions should they become ill or clinical decisions made in relation to resuscitation were not reflected in the end of life care plans.

This could cause confusion and the inspector conclude that while resuscitation status was outlined in other documents and care plans this information should be described in

end of life care plans.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were treated with dignity and respect. There was a positive focus on promoting and maintaining independence to enable them to live as full a life as possible. Opportunities for rehabilitation were provided and this had resulted in residents becoming more active and being able to go out regularly. Residents said their well being had improved since admission and they attributed this to encouragement from staff and stimulation from social interactions and exercise programmes.

Residents who had dementia were noted to be well supported and staff described how they helped residents become familiar with their environment and participate in day to day life to their maximum capacity. They described spending time in one to one conversation with residents, giving them simple options and choices and time to respond to queries.

Residents confirmed that they could follow their religious beliefs. They said they could attend the weekly Mass or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. The inspector saw that visitors came in at varied times during the day. Residents had access to the television, radio and to daily and local newspapers.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. They described how they allocated duties and determined staffing requirements. The person in charge said that admissions were limited and the number of residents accommodated restricted if staff resources were inadequate to ensure care could be delivered safely. The inspector found that the day and night staff allocation were appropriate to meet the needs of residents. There were three nurses including a clinical nurse manager who had a role in management on duty during the day until 17.00 hours. They were supported by three carers and an ancillary staff team that included two catering staff, one administration and one maintenance staff who also undertakes cleaning duties. Care staff have a multitask role and have responsibility for personal laundry.

The inspector talked to varied staff members and found that they were knowledgeable about residents' individual needs, their personal choices and how they liked to spend the day. The conveyed that care practice was person centred and focused on ensuring that residents had a good quality of life in the centre. Staff were positive in their views and reflections about their roles. They could illustrate the ways care had improved quality of life for residents and described increased mobility in some cases, better social contact where residents had been isolated living alone and improvements in general health.

Staff were observed to be fully engaged with residents in sitting areas and talked to them about what was on television or in the papers. On the inspection day the Galway Races was the topic of conversation. There was appropriate support available at meal times. Residents had sensitive assistance if they needed it and no one had to wait for their meals or for assistance. Residents and staff were observed to have good relationships and residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspector observed that call-bells and requests for assistance were answered promptly.

The inspector was provided with details of the training that had been provided to staff during 2014, 2015, 2016 and 2017. Training had been provided on a range of topics that included:

- Elder abuse and the protection of vulnerable people
- Fire safety
- Good practice in clinical care
- Percutaneous Endoscopic Gastronomy nutrition
- End of life care
- Medication management
- Moving and handling
- Falls prevention
- Responsive behaviours in older people
- Dementia care.

The centre provided placements to student nurses and nursing staff had completed training on preceptorship to equip them to supervise the students appropriately and ensure a good learning environment prevailed..

As described in outcome 8- Health and Safety and Risk Management and in outcome 7- Safeguarding it was identified that all staff did not have up to date training on moving and handling and only a small number had completed training on the revised protection procedures for safeguarding vulnerable people. This si identified for attention in the action plan at the end of this report.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Date of inspection:	03/08/2017
Date of response:	07/09/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

While staff had training on elder abuse, training on the new safeguarding procedures introduced had not been provided to staff to enable them to follow the protocol in an informed way.

1. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection

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

and prevention of and responses to abuse.

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

Posters to be displayed on Unit with new safeguarding protocol. DON to remind staff around safeguarding at staff meeting.

Proposed Timescale: 30/09/2017

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:

The risk associated with staff not completing moving and handling training within the established timeframes was not identified as a risk with an associated action plan to mitigate this risk.

2. 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:

Risk Management form around Manual handling to be completed

Proposed Timescale: 30/09/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

Liquid medicines were not dated when opened to ensure that they were only administered when in optimum condition.

3. Action Required:

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

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

CNM2 has discussed this with nursing staff and informed them that all liquid medicines

need to be dated when opened

Proposed Timescale: immediately

Proposed Timescale: 07/09/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care assessments and care plans that identified responsive behaviours as part of a resident's condition required review to describe the behavior, frequency and interventions in place to ensure staff and residents were kept safe and appropriately cared for.

4. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

CNM2 to discuss with Nursing staff, to ensure all behaviours are clearly described and relevant interventions are documented.

Proposed Timescale: 30/09/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Care plans that outlined the wishes of residents and family decisions did not describe decisions made in relation to resuscitation and other interventions relevant to end of life care.

5. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All resuscitation status to be documented more clearly on the end of life care plan.

Proposed Timescale: 18/10/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Some staff did not have training on moving and handling within the required timeframes.

The majority of staff had not had training on the policy and procedures introduced to underpin safeguarding of vulnerable adults at risk of abuse which they are required to adhere to if a safeguarding issue arises.

6. Action Required:

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

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

Any staff needing updating in mandatory training will be facilitated by Internal trainer, CNME or external body. I am currently obtaining quotes for manual handling training.

Proposed Timescale: 30/11/2017