Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Aras Chois Fharraige
Name of provider:	Aidan & Henrietta McGrath Partnership
Address of centre:	Pairc, An Spidéal, Galway
Type of inspection:	Unannounced
Date of inspection:	06 and 07 February 2019
Centre ID:	OSV-0000382
Fieldwork ID:	MON-0022271

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Aras Chois Fharraige Nursing Home is a purpose built unit with views of the sea. The Centre is located in the Irish speaking Cois Fharraige area of the Connemara Gaeltacht. Accommodation is provided on 2 levels in 34 single rooms and 4 sharing rooms. Aras Chois Fharraige provides health and social care to 42 male or female residents aged 18 years and over. The staff team includes nurses, healthcare assistants and offers 24 hour nursing care. There is also access to allied health care professionals.

The following information outlines some additional data on this centre.

Current registration end date:	16/01/2020
Number of residents on the date of inspection:	39

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
06 February 2019	18:00hrs to 22:00hrs	Una Fitzgerald	Lead
07 February 2019	09:00hrs to 17:00hrs	Una Fitzgerald	Lead
07 February 2019	09:00hrs to 17:00hrs	Catherine Sweeney	Support

Views of people who use the service

Inspectors spoke with multiple residents and family members over the course of this two day inspection. The feedback about the quality of care received was very positive and complimentary. Residents confirmed that they felt safe and well cared for by staff who knew their individual likes and dislikes. Residents were aware of who the management team was and said that they could bring any concerns or issues to their attention. In addition, residents felt that their view was listened to and taken on board.

The communal rooms were observed to be a hub of activity. Inspectors observed that multiple residents were attending the organised activities and were seen to enjoy same. There is a friendly, warm atmosphere in this centre. Staff are familiar with residents needs. Inspectors were told that the care staff who deliver the hands on care go above their duty to attend to their needs. Inspectors spent time sitting in the communal areas observing the interaction between staff and residents. The atmosphere was calm and staff were available to support residents at all times.

Residents were very happy with the activities within the centre. They were happy with the food served and told the inspectors that they had good choice available. The dining rooms had tea and coffee making facilities that are available for residents and relatives to use at any time.

Capacity and capability

The governance and management within this centre had structures in place that ensure the care delivered is safe, appropriate, consistent and effectively monitored. This inspection was unannounced. Overall, inspectors were satisfied that the centre is in good compliance with the regulations. The records and documents requested by the inspectors was made available in a timely manner. Inspectors were concerned at the managements ability to navigate and retrieve information from the electronic care planning system in place. The last inspection action plan was followed up and inspectors found that there had been good progress made. There is one restated non compliance. Further development is required in end of life care planning with residents to ensure that they are given the opportunity to discuss their wishes and that this is then recorded.

The roles and responsibilities within this centre were clearly defined. The person in charge informed the inspectors that she takes responsibility for the staffing recruitment, supervision and development . The person in charge told inspectors that she has a hands on management approach. The person in charge had good

knowledge of individual residents and had a strong presence within the centre. Inspectors observed that the person in charge could not retrieve information from the electronic system that is in operation in the centre. The clinical nurse manager had been delegated the responsibility for ensuring that the recording of care is captured. The clinical nurse management team have an auditing schedule in place. Inspectors reviewed the last falls audit and found that a detailed and comprehensive analyses had been conducted. Areas for improvement and appropriate actions were taken to ensure that changes required are followed up and communicated to staff.

The person in charge ensured there was an appropriate training and development programme in place for all staff. The training in place met with regulatory requirements. In addition, the person in charge had carried out performance appraisals with staff. Inspectors spoke with multiple staff over the two days of inspection. Staff confirmed that the staffing compliment was stable. This impacted positively as staff knew residents care needs. Staff informed inspectors that they would not hesitate to bring any issue concerning a resident to the attention of the person in charge and had confidence in management to take action if required. The staff confirmed that the nursing management team have a presence in the centre and were readily available for support.

Inspectors reviewed the management of risk within the centre. From conversations had with the provider representative and person in charge it was not clear who had overall responsibility for risk management. Inspectors acknowledge that individual resident risk assessments were completed. The operational risk register was in need of review. From the documentation reviewed the risk register was not in line with the risk management policy. The concerns raised were discussed in detail with the provider representative and the person in charge who undertook to review the risk register in line with the risk policy.

Regulation 15: Staffing

There was enough staff with appropriate skills to meet the needs of residents. Residents confirmed that their nurse call bell was answered in a timely manner. As care was provided to residents requiring 24-hour nursing care, a minimum of one registered nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was an appropriate training and development programme for staff. This included the statutory requirements, infection control, dementia care and responsive

behaviour training. Annual staff appraisals were conducted to monitor performance.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintains a Directory of residents. Further review is required to ensure that all of the information required by Schedule 3 is entered into the register and that the information is accurate. For example, the cause of death.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed staff files. Documentation and records required by Schedule 2 requirements had gaps and required review. For example, evidence of relevant qualifications and accreditation was not contained within two files.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge had delegated the monitoring of the quality of care to the clinical nurse management team. The systems in place to ensure that the service is safe, appropriate and consistently monitored were reviewed. Overall, findings were positive. Greater clarity is required on who has responsibility for the management of risk within the centre. This non compliance is addressed under Regulation 26. The management team had a strong presence in the centre and were know to all residents and families that the inspectors spoke with during the inspection.

Judgment: Compliant

Regulation 30: Volunteers

The roles and responsibilities of all volunteers is set out in writing. A Garda Síochána

(police) vetting disclosure was in place for all volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents felt able to make a complaint if necessary and the procedure for doing so was prominently posted at the main entrance. The centre logged all complaints on the electronic system in place. An appeal process was available.

Judgment: Compliant

Regulation 4: Written policies and procedures

Evidenced-based policies and procedures were available to staff to inform all aspects of care and service provision. Policies were regularly reviewed and updated as necessary.

Judgment: Compliant

Quality and safety

The centre was welcoming and homely. The corridors were wide and filled with natural light. Residents were seen to sit and enjoy the scenic views that are available from the communal areas. Inspectors found the centre was cleaned to a high standard and well maintained. The management of fire safety systems was comprehensive. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

The centre management had placed high value in the lived social experience of

residents daily lives.The daily social activity and calendar of events was varied and met with resident needs. Inspectors observed positive person-centred social care within the centre. For example, an intervention had been developed by the social care team to enhance the communication between staff and residents with complex needs. This intervention involved the staff accessing information about the resident through cloud shaped posters and a personalised wall of pictures placed respectfully within the residents bedroom. The staff used this information to deliver appropriate, person-centred care to these residents.

Overall, inspectors found that the care given to residents was respectful and person-centred. A comprehensive assessment was completed on admission. The assessments were reviewed and updated every four months and as required. There was evidence that residents and relatives were consulted in relation to assessment and care plan development. A care plan was in place for each resident. The inspectors reviewed a sample of care plans and found that they did not always contain sufficient detail to guide care. For example, inspectors reviewed the management of resident pain. Pain assessments were not documented. Residents who experienced pain did not have pain management care plans in place to guide staff.

Inspectors noted that residents from the local area had good access to general practitioner (GP) services. The person in charge was concerned that residents with GP's based outside the local area did not always have timely access to GP services for general review. Inspectors reviewed a sample of resident files and found that reviews had occured and were signed by a GP.

Staff in the centre were working towards a restraint free environment. There was good evidence that the number of bed rails in use was reducing.There was evidence of discussion with the residents family in relation to the use of bed rails, and that less restrictive alternatives had been trialled. The person in charge informed inspectors that written consent for bedrail use was not obtained. A review of restrictive practice specific to bed rail use was required.

Regulation 11: Visits

All visitors are requested to sign in at reception on entering and leaving the centre. There were no restrictions on visits and family members said that staff were welcoming and approachable at all times.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw that care staff and nurses recorded all items and took care with

personal clothing. Residents spoken with were satisfied with laundry services provided.

Resident bedrooms had sufficient wardrobe and storage space to store personal items.

Judgment: Compliant

Regulation 17: Premises

The centre was purpose built and was in a good state of repair externally and internally. The layout and design of the premises met residents individual and collective needs. Residents had free access to enclosed gardens.

Judgment: Compliant

Regulation 26: Risk management

At the time of inspection greater clarity was required on who was responsible for the management of risk in the centre. Subsequently, as part of the feedback process the office of the chief inspector did receive confirmation that risk management is the reponsibility of the provider representative. A specific risk assessment was required in regard to the centre's proximity to the road. The risk register requires updating to ensure that the way risk is measured is aligned with the risk policy. The provider provided assurance that both of these issues would be addressed as part of the compliance plan.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was found to be cleaned to a high standard. The procedures in place for managing the prevention and control of infection were in line with National Standards. Inspectors spoke with the staff responsible for the cleaning of the centre. There was clear evidence of daily cleaning and deep cleaning in all areas of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The management of fire safety in the centre was comprehensive. Quarterly servicing was completed. The fire alarm was checked. Daily checks on exits were carried out throughout the premises. Fire drills were carried out as per regulatory requirements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practices were in line with national standards. Medication management audits were completed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive system of assessment was completed on admission. When reviewing care plans, inspectors found significant gaps in the documentation. The information collected on assessment did not inform the development of the care plans. Care plans did not reflect the social and psychological needs of the residents. For example, residents did not have a care plan to direct staff in relation to their end of life care wishes. This action is restated from the last inspection.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to a GP service. There was good evidence within the files of access to allied health professionals and that their advice was integrated into the residents care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Behaviours associated with dementia were assessed and good practice was followed in the management of such behaviours to ensure the wellbeing and safety of residents.

Inspectors found that a plan was in place to reduce the number of residents using bed rails in the centre.

Inspectors noted that the management team did not ensure that, when restraint was used, that it was used in accordance with national policy. Inspectors were informed that signed consent was not obtained. There was insufficient evidence that residents with bedrails were monitored.

Judgment: Substantially compliant

Regulation 8: Protection

There were system in place to support the identification, reporting and investigation of allegations or suspicions of abuse. All staff had received training in the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors were assured that residents wishes were respected in relation to many aspects of the their daily lives.

Residents attended a resident forum which was chaired by an independent advocate. Issues raised and discussed at these meetings were brought to the management team and addressed in a timely manner. Advocacy services were available to residents when required.

Residents were seen to be socially engaged on the day of inspection. The activities schedule was available in English and Irish and was posted on notice boards throughout the centre. There was a wide variety of activities, both group and individual, available to the residents. Group sessions are carried out daily, with individual sessions for residents with complex needs being facilitated as required.

Residents were facilitated to vote within the centre or at the local polling station. There was evidence of positive community involvement in the centre including visits from local artists and musicians. Inspectors observed that the social care delivered in the centre was person-centred and appropriate to the residents needs and

wishes.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Chois Fharraige OSV-0000382

Inspection ID: MON-0022271

Date of inspection: 06/02/2019 and 07/02/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 19: Directory of residents</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 19: Directory of residents:
The error identified in the Directory of residents has been corrected. A review of the Directory of residents has been completed and no further errors or omissions have been identified.</td></tr>
<tr><td>Regulation 21: Records</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 21: Records:
A review of staff files has been conducted and the missing documentation has now been included.</td></tr>
<tr><td>Regulation 26: Risk management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 26: Risk management:
An up to date risk assessment of the road will be completed and added to the risk register
A comprehensive review of the risk register will be undertaken to ensure it is in line with risk policy.</td></tr>
</table>

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Care plans are being reviewed to ensure that there is sufficient detail in relation to social and recreational needs of each resident.
Care plans are being reviewed to ensure that there is sufficient detail to guide end of life care. End of life care plans are to be commenced for any resident who currently does not have one.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
A review of the restraint register is currently being undertaken to ensure that resident, relative and GP input is fully recorded
Bed rail assessments and bedrail care plans are currently being reviewed to ensure that bedrails are only used as a safety measure and to ensure that choice and consent for their use is clearly documented.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	15/03/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/03/2019
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	29/03/2019
Regulation	The registered	Substantially	Yellow	29/03/2019

26(1)(b)	provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Compliant		
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Yellow	29/03/2019
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	29/03/2019