

**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:	Knockroe, Castlerea, Roscommon.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	10

About Dementia Care Thematic Inspections

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

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 31 July 2019 10:00 To: 31 July 2019 19:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Areas for improvement identified under four

outcomes had been completed and the inspector found a high level of compliance across the areas inspected.

The centre did not have a dementia specific unit. At the time of inspection five of the 20 residents residing in the centre had a formal diagnosis of dementia and a further five had symptoms of dementia. The inspector met with residents and staff during the inspection. During the inspection, periods of time were spent observing staff interactions with residents. The inspector used a validated observational tool, the quality of interactions schedule, or (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The inspector observed that staff knew the residents well and connected with each resident on a personal level. Staff talked to residents about their day, who was due to visit and the Galway races that took place during that week. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to them about daily life and local news. Instances of warm and caring interactions between staff and residents were observed during the observation periods.

Aras Mhathair Phoil is a community nursing unit that is operated by the Health Service Executive (HSE). It provides care to people in the Castlerea and surrounding areas and the service includes long term continuing care and short term respite care. Rooms were single or double occupancy, a tracking hoist system had been installed in all single rooms and facilities such as toilets and bathrooms were accessible and reflected good standards for accessibility. 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. There were communal areas where residents could spend time and engage in activity or spend time quietly and all areas were noted to be used well by residents at varied times of the day.

Residents had a comprehensive assessment following admission and care plans were in place to meet their assessed needs. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was pleasant, and residents were supported appropriately at mealtimes. During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. Independence was promoted and residents were encouraged to eat their meal at their own pace as plenty of time was allocated to meals times.

The inspector saw there was a varied activity programme that included trips out to local places of interest to residents, parks and pet farms. There was a residents' committee in operation. The inspector viewed the minutes of meetings. There was evidence that residents were consulted and the recorded details indicated that residents were happy with the food, activities and services provided. The centre had access to an advocacy service to support residents. The person in charge said that access to this service ensured that residents had independent support to address issues that might arise or to support them when making complex decisions. Newspapers and magazines were available and staff were observed reading to

residents and discussing the news with them. Staff informed the inspector that every effort was made to provide residents with the freedom to exercise choice in relation to their daily activities. There was an oratory where residents could spend time quietly and religious services were held regularly. Residents were facilitated to exercise their political and religious rights.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There was appropriate staff numbers and skill mix to meet the assessed needs of residents.

The areas noted to require attention during this inspection are identified under the outcomes reviewed and outlined for attention in the action plan at the end of this report.

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

There were 21 residents in the centre on the day of this inspection. Five residents had a formal diagnosis of dementia and a further five had Memory related problems.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. The nutritional and hydration needs of residents with dementia were met.

All residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess resident's risk of deterioration. For example, malnutrition risk, vulnerability to falls, cognitive impairment and risk of pressure related skin injury. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide care practice and were regularly reviewed and updated to reflect residents' changing needs.

There was evidence that residents and their family, where appropriate participated in care plan reviews. Residents had a choice of General Practitioner (GP) and some residents continued to have their medical care needs met by their GP prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health service for older people when required.

The inspector focused on the experience of residents with dementia in the centre on this inspection. The journey of three residents with dementia was reviewed and specific aspects of care such as nutrition, restraint use, end of life care and communication was

reviewed in relation to other residents.

There were systems in place to optimise communications between the resident and their family, the acute hospital and the centre. Copies of transfer documentation to and from hospital in residents' files contained information about their health, medications and their specific communication needs.

Staff provided end of life care to residents with the support of their medical practitioner. Community palliative care services were available if required. The inspector reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding where they would like to be at end of life. Single rooms were available for end of life care and relatives were supported to be with residents during this time. Residents' religious and cultural practices were facilitated within the centre.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of hot meal at mealtimes. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room was observed by inspectors to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. There were no residents with pressure ulcers at the time of inspection. The provider had assessed the centre as substantially compliant and identified that menus needed to be presented in a clearer format and displayed on tables to ensure residents had appropriate information about food choices. This had been addressed and pictorial and written menu formats were available,

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls. The premises were well organised and this supported residents to mobilise safely around the centre.

There were policies and procedures advising staff on the ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed the medicine management arrangements and found that safe systems were in place. Medicines administered on an "as required" basis were reviewed and the need for administration was recorded as well as the impact for the resident. Residents had access to a pharmacist of their choice and three pharmacy outlets supplied medicines to the centre.

Some health care records were insecure as sheets of paper with information were not secure in files. This created a potential risk of loss or that required information could not be accessed easily when needed.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were policies in place about managing behaviour that challenges BPSD (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with HSE procedures. The Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff.

Staff spoken to by the inspector confirmed that they had received training on recognising abuse, and were familiar with the reporting structures in place. Staff had been trained in 2018/2019 including catering, administration and sessional staff. An action plan in the last report had been addressed and staff had been trained in the prevention of abuse and the Health Service Executive safeguarding procedures. There were systems in place to ensure allegations of abuse were fully investigated, and that measures would be in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. Residents with whom the inspectors were able to communicate verbally said they felt safe and secure in the centre, and felt the staff were supportive and respectful.

There was a policy in place to guide staff when managing responsive behaviours and training on managing such behaviour had been provided to a number of staff and there was a schedule in place to ensure all staff could attend this training. A very small number of residents displayed responsive behaviours and there were care plans that described possible antecedents and guidance for staff on how to manage incidents of such behaviours. Staff were working on reducing the use of bedrails and there had been a gradual and sustained reduction in their use. The inspector observed that residents had bedrail assessments completed. There was evidence of proactive measures in place to reduce bedrail use including the use of low beds and foam floor mats.

A policy was in place for the management of residents' personal belongings and valuables. Clothing was clearly labelled and residents said that they had not encountered problems with clothing going missing.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found evidence that all residents including residents with dementia were consulted with and actively participated in the organisation of the centre. The inspector noted that staff had created a relaxed calm atmosphere throughout the centre. This was enhanced by music, conversation and positive and meaningful interactions between staff and residents. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends at varied times throughout the day.

There was a residents' committee in operation. The inspector viewed the records of recent meetings. These meetings ensured that residents could express their views on how the service operated and any aspects that they felt could be changed to improve their quality of life. Signage and cues to direct and enable residents with dementia to independently access the centres' bathrooms, communal areas and bedrooms was in place.

The inspector observed that residents' choices were respected. Residents said they had good control over their daily lives and were free to choose how and where they spent their time. Staff respected the times they wished to get up and go to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

The inspector spent time observing interactions between staff and residents during and after lunch and in the afternoon. These observations took place in the communal room and in the dining area. Interactions were observed to be professional, friendly, person centred and appropriate. There were no task oriented interventions.

Staff engaged residents in conversation at all times they met and when they entered rooms where residents were sitting. Staff were observed to ensure all residents were included in conversations in the main sitting room and relationships were noted to be relaxed and comfortable with lots of banter and exchanges of information. Staff were familiar with residents' physical and social care needs and used knowledge they had about their family, visitors, interests, television programmes and hobbies to start conversations. Residents were engaged in outdoor activity in the garden and this had proved very helpful to their general well-being residents told the inspector. Overall, observations of the quality of interactions between residents and staff in the communal areas for the selected periods of time indicated that interactions were positive and had beneficial outcomes for residents.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. The inspector observed that residents who were eating independently had regular staff input and that mealtimes were relaxed social times.

Residents were facilitated to exercise their civil, political and religious rights. Residents told the inspector that religious services were held regularly. The inspector was told that residents were enabled to vote in national and local elections. The local and national newspapers were available residents and staff were engaged in reading the papers and discussing the news.

There was reference in care plans to communication needs and how these should be addressed. There was a communication policy in place. External advocacy services were available to residents. In the self assessment a judgment of substantially compliant had been made as further work on the format of residents' meetings was regarded as necessary. The inspector judged the centre as compliant.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and addressed. The process included an appeals procedure. The complaints policy, which was also displayed, met the regulatory requirements.

Some residents spoken described how they would raise a concern and who they would talk to about it. Records showed that complaints made were dealt with efficiently and the outcome and satisfaction of the complainant was recorded however the date when issues were resolved was not always recorded.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

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

Findings:

Recruitment processes were reviewed on this inspection and on review of a sample of staff files these were found to meet the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Vetting disclosures were available for all staff. A record was maintained of current registration details of nursing staff.

Mandatory training was up to date. An action plan in the last inspection report in relation to moving and handling and safeguarding had been addressed. Staff were now up to date with training in fire safety, safe moving and handling and safeguarding vulnerable persons. The inspector noted that staff were very familiar with the residents' needs and there was an adequate staff allocation to ensure care was person centred and met residents' needs. Nurses and carers facilitated the activity schedule and some had specialist training to enable them undertake specific activities such as Imagination Gym. The person in charge said that it was hoped to have a dedicated activity staff in the future. The inspector observed that there was good supervision provided to residents by staff throughout the centre and in the communal areas. Many residents had high and maximum dependency needs and were at risk of falls.

There was a good system of communication between staff that ensured they were appropriately informed about residents' care needs and were supported to provide safe and good quality care. There were handovers each day to facilitate good communication and ensure continuity of care from one shift to the next. The inspector saw records of regular meetings between nursing management at which operational and staffing issues were discussed. The inspector also saw that staff had copies of the Regulations and standards available to them. In discussions with staff, they confirmed that they were supported to carry out their work and said the centre had a good work atmosphere. The inspector found staff were well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

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 comfortable and home like environment for residents. There were several communal areas where residents could spend time during the day. All rooms were comfortably furnished and had a variety of seating including specialist support chairs to ensure residents comfort. The television in the main sitting room was readily visible and at an appropriate height so that that residents could view it easily.

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.

Bedroom accommodation is comprised of single or double occupancy rooms. 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 supported residents to get around the centre and to recognize sitting areas, the dining room and toilet and bathroom areas. These included contrasts in the colours used for floors and walls and good natural light. Fixtures such as wash hand basins which were white were set against an orange background colour to improve their 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 and well organized. Residents and their families had been encouraged to take personal items into the centre and these were displayed in bedrooms. Clocks in bedrooms were located at eye level so residents could see them easily and were set at the correct time.

There was a safe outdoor area that had a level surface and that was free from obstacles and trip hazards. This had coloured walk ways that helped residents follow a particular pathway. Raised beds were being cultivated by some residents who enjoyed gardening.

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 were no premises issues identified for attention during the inspection.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

At the last inspection the inspector judged that risk associated with staff not completing moving and handling training within the required time frames had not been identified. This had been addressed and staff were up to date with training.

The fire safety arrangements were reviewed. The required records were in place and were up to date. A record of fire fighting equipment and the associated service records was available.

Regular fire drills were undertaken including drills with the lowest number of staff available. These had resulted in varied learning experiences which were recorded, reviewed and improved practices put in place. The importance of knowing the eir code for the centre was identified and this is not displayed in varied procedures and notices.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Date of inspection:	31/07/2019
Date of response:	09/09/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

Some health care records were insecure as sheets of paper with information were not secure in files. This created a potential risk of loss or that required information could not be accessed easily when needed.

1. Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph

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

(1) in such manner as to be safe and accessible.

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

The process of storing that records set in schedules 2, 3, and 4 have been reviewed and are now kept in a safe and accessible manner. All healthcare records (Schedule 3) are now secured to ensure that they are kept in a safe accessible manner and that there are no loose sheets

Proposed Timescale: 10/09/2019

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

Records showed that complaints made were dealt with efficiently and the outcome and satisfaction of the complainant was recorded however the date when issues were resolved was not always recorded.

2. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

A process has been put in place to ensure complaints are fully and properly recorded. Staff have been advised to date all entries on complaints register and a memo has been placed on front of complaints register to ensure all entries are dated including complainant satisfaction/outcome. Complaints are reviewed by Manager of Older Persons Services, in conjunction with Person In Charge to ensure all complaints are appropriately responded to and records are maintained with fully records.

Proposed Timescale: 09/09/2019

