

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhuire Community Nursing Unit
Centre ID:	ORG-0000627
Centre address:	Dublin Road, Tuam, Galway.
Telephone number:	093 24 655
Email address:	arasmhuire@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Person in charge:	Caroline Coen
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	2

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 judgements 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.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 June 2014 10:00 To: 18 June 2014 18:00

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was carried out in response to an application from the provider to vary conditions of registration. The provider had applied to increase the maximum number of residents that could be accommodated from 18 to 20 following structural works that had been completed in the centre resulting in three additional bedrooms and conversion of one three-bedded room into a two-bedded room. As part of this inspection the inspector met with residents, staff members, the person in charge and director of nursing. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

There were 16 residents living in the centre, 8 of whom were of maximum dependency, 7 high dependency and 1 low dependency.

On this inspection, the inspector also followed up on the 8 required actions which were identified during the previous monitoring inspection in August 2013. These actions related to residents' health care, provision of mandatory training and recruitment practices. The inspector found that most actions were completed and plans were in place to address the two remaining actions that related to the premises.

The healthcare needs of residents were met and there was a high standard of evidence based nursing practice. Residents had good access to general practitioner

(GP) services and to a range of other health services. Residents had the opportunity to participate in recreational opportunities that were tailored to their interests and capabilities.

During the inspection, staffing arrangements were adequate to meet the needs of residents although not all staff that worked in the centre had been recorded on the staff roster. Appropriate procedures were in place for the recruitment, selection and vetting of staff and the provider had made resources available for staff to attend training pertinent to their role.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

No changes have been made to the role of person in charge since the previous inspection.

The person in charge had good clinical knowledge and demonstrated an understanding of her legal responsibilities under the Regulations and Standards. She had engaged in continuous professional development and had attended a range of courses and training events in areas including quality of life for people with dementia, nutritional management and end-of-life care. The person in charge had also planned to attend a course on the management of behaviours that challenge on 20 June 2014.

The inspector found that she was well known to residents, relatives and staff. The person in charge showed strong commitment to delivering good quality care to residents and to continually improving the service provided.

Judgement:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider and person in charge had put in place effective measures to safeguard

residents from being harmed and from suffering abuse.

A comprehensive policy remained in place on the prevention, detection and response to allegations or suspicions of abuse. Staff spoken with were very familiar with the content of the policy and outlined clearly what they would do if they suspected abuse. The inspector viewed training material which confirmed that staff had received ongoing education in this area since the last inspection and further training was scheduled on 23 June 2014.

Adequate systems remained in place to manage residents' finances and provide protection to residents. The inspector noted that external audits were carried out to provide additional safeguards.

Judgement:

Compliant

Outcome 07: 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:

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

Findings:

The provider and the person in charge had processes in place to promote and protect the safety of residents, staff and visitors to the centre although some improvement was required. The inspector found that specific issues raised on the previous inspection had been addressed.

Since the previous inspection, structural works had been carried out in one area of the building. In advance of these works a comprehensive method statement had been completed which covered areas including risk management, communications with staff and access/egress to the building. Both residents and staff were very satisfied with how these works were managed and confirmed that there was no interruption to daily living in the centre.

The inspector found that a risk management framework and fire safety measures continued to be implemented in the centre. However, associated assessments, the fire register and emergency plan had not been updated to reflect the structural changes that had been recently completed in one part of the building. As a result, the inspector identified some hazards to residents including the lack of handrails along the new corridor and uncontrolled access to the sluice room. This is discussed further under Outcome 12.

The provider had taken measures to promote the safety of residents in the event of fire.

A servicing programme remained in place. For example, fire extinguishers were most recently serviced in August 2013 and servicing of fire alarms had been completed in October 2013. The inspector reviewed records which showed that internal safety checks were completed including a daily inspection of the fire exits and fire alarm control. Fire safety training had been provided to all staff and the most recent training was delivered on 9 April 2014.

The inspector found that staff used appropriate communication practices and manual handling techniques when assisting residents during transfers. Staff spoken with and training records reviewed by the inspector confirmed that staff had received up to date training in moving and handling. Manual handling assessments had been carried out for all residents and were kept up to date.

The inspector noted a high standard of cleanliness in the centre and there were a range of measures and policies in place to control and prevent infection.

A system continued to be in place to monitor visitors to the centre to ensure the safety of residents which included controlled access and the completion of a visitor's book.

Judgement:

Non Compliant - Minor

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were safe medication management practices and processes remained in place to direct and support practice.

The inspector reviewed a sample of residents' medical notes and found that residents' health needs were being monitored. Residents' medications were reviewed regularly and an out-of-hours GP service was available to residents.

The inspector noted that residents' prescription and administration sheets contained required information and the sample viewed were completed in line with professional guidelines.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored. The

inspector saw that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

The person in charge had implemented a system to review medication management practices.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

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

Findings:

The health needs of residents were met and a high standard of evidence-based nursing care was evident in a number of clinical areas. Appropriate medical and allied health care was provided. There were regular opportunities for residents to participate in meaningful activities. A required action identified in the previous action plan that related to the provision of occupational therapy (OT) had been addressed.

A range of other allied health services was available including speech and language therapy (SALT), dietetic services and physiotherapy. Chiropody, dental and optical services were also provided. The inspector viewed residents' records and found that residents had been referred to these services and outcomes were documented in the residents' files.

From the sample of files reviewed the inspector saw that the arrangements to meet residents' assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. Assessments and care plans were reviewed three monthly or as required to capture the changing needs of residents.

The inspector reviewed the management of clinical issues such as nutritional care, falls management, potential behaviours that challenge, and found they were well managed and guided by comprehensive policies. Currently there were no residents that had wounds. The inspector noted that an effective system had been implemented to promote good skin integrity and prevent the development of pressure ulcers.

The provider and person in charge continued to actively support the reduction in the use of restraint and measures remained in place to manage the use of restraint. This included an assessment process and consideration of alternatives prior to the application of a restraint measure and implementation of controls measures when in use. However, the risk of entrapment had not been formally assessed.

Each resident had opportunities to participate in meaningful activities and the activity programme was based on their assessed interests and capabilities. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. Additionally, suggestions from residents were used to inform the activity programme. Activities that took place included arts and crafts, music, exercise programmes, fruit tasting sessions and discussions around the taste of the fruits. Residents told the inspector about some of the events that took place and their interests in specific activities there were available to them including gardening.

Judgement:

Non Compliant - Minor

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Two required actions from the previous inspection that related to some bedroom accommodation and the provision of adequate numbers of residents' toilets that did not comply with all the requirements of the Regulations and Standards had not been addressed. The person in charge and DON confirmed that plans were being progressed to address these structural deficits.

On this inspection, the inspector specifically reviewed structural changes that had been made to the internal layout of the centre. Other areas relevant to this outcome were not reviewed during this inspection.

The provider had converted the dining room into three single ensuite bedrooms, a sluice room and storage room. The existing chapel was converted into the new dining room which was fitted out with new dining furniture. The inspector found that the structural works were completed to a good standard although aspects required some improvement

to promote the safety and independence of future residents.

The three single bedrooms were spacious, had ample natural light and adequate provision of storage space. There was a hand-wash basin located in the bedroom with a hand drying facility. The ensuites consisted of an assisted shower, toilet and hand-wash basin. During the inspection hand soap dispensing units were fitted adjacent to these hand-wash basins.

However, the inspector identified some items that required attention to promote the safety and independence of residents. Matters relating to meeting residents' religious and spiritual needs are discussed under Outcome 16.

New single bedrooms with ensuite.

The bedside lockers were mounted on wheels and there was no facility to secure these lockers which meant that they were unsteady and could pose harm to residents.

At the time of inspection, there were some operational issues with the use of the mechanical ventilation and lighting in the ensuites. After the inspection, correspondence was submitted to the Authority which confirmed that the proper use of this system would be explained to staff and that the artificial lighting in the ensuites had been increased.

There were no blinds or curtains fitted to the windows to support residents' privacy and control of the lighting in the bedroom. The person in charge confirmed that blinds had been ordered and were due to be fitted on 19 June 2014.

New corridor

There were no handrails fitted along the new corridor in the immediate vicinity of the bedrooms to support residents' independence and safety. The person in charge showed the inspector an order for handrails which were due to be installed within the new few weeks.

The inspector found that there was no natural or mechanical ventilation on this corridor and this area was subsequently very warm. Information was submitted after the inspection which stated that the double doors leading to the corridor would be kept open with automatic devices and this would enable air circulation to this area.

Access was not controlled to the new sluice room located off the new corridor.

Evidence was submitted shortly after the inspection which demonstrated that these items were being addressed promptly by the provider, person in charge and director of nursing (DON).

Judgement:

Non Compliant - Moderate

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

On this inspection, the inspector specifically reviewed the arrangements in place to support residents' religious and spiritual needs. Other aspects relevant to this outcome were not reviewed during this inspection.

Since the last inspection, the provider had converted the chapel into the new dining room in order to build three single bedrooms. Residents that spoke with the inspector and minutes of residents' meetings viewed by the inspector confirmed that residents had been informed about this conversion. While residents highlighted that the person in charge and staff were very supportive some expressed dissatisfaction that they had no input into the decision made to remove the chapel. Residents' voiced sadness and a sense of loss that the chapel was gone and reported that they would like somewhere they could go to for private prayer and reflection. The inspector noted that religious events including mass now took place in the day room. Staff erected a temporary altar during these services and assisted residents to participate.

Judgement:

Non Compliant - Minor

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

Required actions identified on previous inspections that related to the recruitment

practice had been addressed.

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents during the inspection. There was a recruitment policy in place and the sample of staff files reviewed by the inspector were found to be all complete. However, the inspector noted that a planned and actual staff roster had not been maintained for housekeeping staff.

The provider made resources available and the person in charge facilitated staff to attend continual professional development. Training records viewed and staff spoken with confirmed that they had received a variety of training relevant to their role. Since the last inspection staff had attended training on areas including nutrition, tracheostomy care, chemical training and hand hygiene.

Judgement:

Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Nan Savage
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhuire Community Nursing Unit
Centre ID:	ORG-0000627
Date of inspection:	18/06/2014
Date of response:	26/08/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:

Associated risk assessments had not been updated to reflect the structural changes that had been recently completed which resulted in the change of use and layout of some rooms. Some hazards were identified that posed potential risk to residents' safety. Access to the sluice room was not controlled.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

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

1. Controlled access keypad now in place on the sluice room door on 25/06/2014
2. A Risk Assessment was completed on 23/06/2014 of new area.

Proposed Timescale: 25/06/2014

Theme:

Safe Care and Support

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

There were no handrails fitted along the new corridor in the immediate vicinity of the new bedrooms.

Action Required:

Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

1. Grab rails were installed on the 15/07/2014

Proposed Timescale: 15/07/2014

Theme:

Safe Care and Support

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

The fire register had not been updated to reflect the structural changes that had been recently completed within the building.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

1. Updated plan to reflect structural changes now in Fire register.
2. Fire evacuation training and safe placement of residents held for all staff on the 13/08/2014
3. Awaiting fire cert - gone to National level

Proposed Timescale: 13/08/2014

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:

The risk of entrapment had not been formally assessed for residents with particular measures in place.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

1. Policy on minimal use of bed rails including an assessment of entrapment completed on 29/07/2014.
- 2 Risk assessment completed on all other bedrails –no other restraints in use on 29.07.2014.
- 3 Same currently being disseminated to all staff including residents.

Proposed Timescale: 29/07/2014

Outcome 12: Safe and Suitable Premises**Theme:**

Effective Care and Support

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

The bedside lockers were mounted on wheels and there was no facility to secure these lockers which meant that they were unsteady and could pose harm to residents.

There were some operational issues with the use of the mechanical ventilation and lighting in the ensuites.

There were no blinds or curtains fitted to the windows to support residents' privacy and control of the lighting in the bedroom.

Access was not controlled to the new sluice room located off the new corridor.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

- 1 The bedside lockers have now locked castors – 10.07.2014.
- 2 The electrician re adjusted the mechanical ventilation and light switches and are now

properly controlled 10.07.2014.
3 Blackout blinds fitted to all 3 bedroom windows 19.06.2014.
4 Controlled access keypad locking system installed 10.07.2014.

Proposed Timescale: 10/07/2014

Theme:

Effective Care and Support

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

There was no natural or mechanical ventilation on the new corridor and this area was subsequently very warm during the inspection.

Action Required:

Under Regulation 19 (3) (p) you are required to: Provide ventilation, heating and lighting suitable for residents in all parts of the designated centre which are used by residents.

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

1. This was brought to the attention of the Architect who has deemed ventilation appropriate 08.07.2014.
2. Thermometers installed in all areas 08.07.2014.

Proposed Timescale: 08/07/2014

Theme:

Effective Care and Support

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

Further discussions had taken place with the HSE in relation to the existing building to address:

- reducing multiple occupancy room to two-bedded room
- some other bedrooms that did not adequately meet the needs of residents.

A final plan had not yet been agreed to address the structural deficits.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

A programme of works is currently undertaken with Estates. We are advised that an architectural review will have taken place by 31st October, 2014 to comply with HIQA

Standards.

Proposed Timescale: 31/10/2014

Theme:

Effective Care and Support

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

Further discussions had taken place with the HSE in relation to the existing building to address the provision of extra toilets for residents. A final plan had not yet been agreed to address this structural deficit.

Action Required:

Under Regulation 19 (7) (b) part 1 you are required to: Provide a sufficient number of toilets having regard to the number of dependent residents in the home.

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

A programme of works is currently undertaken with Estates. We are advised that an architectural review will have taken place by 31st October, 2014 to comply with HIQA Standards.

Proposed Timescale: 31/10/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents that spoke with the inspector expressed dissatisfaction with the removal of the chapel. A suitable alternative had not been put in place to support all residents' rights and wishes.

Action Required:

Under Regulation 10 (e) you are required to: Put in place adequate arrangements to ensure the operations of the designated centre are conducted with due regard to the sex, religious persuasion, racial origin, cultural and linguistic background, and any disability of residents.

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

1. Weekly mass in dayroom since November 2013.
2. Daily prayers and Hymns with the Activity worker and CNM1 – ongoing.
- 3 Planned outing for September 6th 2014 to take residents to Knock Shrine.
- 4 Awaiting clarification re future build of new unit on former Bon Secours site in Tuam.
5. A suitable alternative will be discussed with Estates before 31st October, 2014.

Proposed Timescale: 31/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A planned and actual staff roster had not been maintained for housekeeping staff.

Action Required:

Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

1. A planned and actual staff roster has been maintained for the housekeeping staff 24.06.2014.

Proposed Timescale: 24/06/2014