Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Áras Mhic Dara Community Nursing Unit
Centre ID:	OSV-0000626
Centre address:	An Cheathrú Rua, Co na Gaillimhe, Galway.
Telephone number:	091 595 204
Email address:	eileen.costello@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	17

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
03 January 2018 10:00	03 January 2018 16:00
04 January 2018 09:30	04 January 2018 14:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The findings from this inspection will inform the renewal of registration decision. This centre is registered to accommodate a maximum of 47 residents who need long-term/respite care. At the time of this inspection the centre had seventeen vacancies.

As part of this inspection the inspector reviewed progress on the seven actions documented post the last inspection carried out in August 2017. The timescale detailed by the provider representative and person in charge in the action plan returned to HIQA had expired for all actions. One action was completed, this related to ensuring the directory of residents contained all of the information as detailed in regulation 19(3). Four were partially completed, these related to ensuring that the annual review is carried out in consultation with residents and their families, that responsive behaviour support plans detail the reactive strategy to adapt should a resident exhibit responsive behavior, that findings of assessments are linked to the care plans and that specialist advice of the dietician or speech and language therapist were referred to in the care plans, or whether the resident was on a fortified diet or supplements. Three were not addressed, these related to completion of mock evacuations as part of fire drills, ensuring a green area was developed to ensure it provided a safe area for residents and maintenance of the handrail into this area.

Notification of incidents received since the last inspection were reviewed pre this inspection and reviewed and discussed with staff during this inspection. Residents spoken with during the inspection were positive in their feedback and expressed satisfaction with regard to the staff and the care provided. They were complimentary of the food and the provision of meaningful activity. All spoken with expressed satisfaction with the attendance of day care residents who brought in the local news and complimented the activity programme.

The inspector observed practices and reviewed documentation such as accident and incident records care files, medical records, audits, minutes of meetings policies and procedures, risk management records and staff records. The inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard.

Areas which require review post this inspection include ensuring where deficits in audits are identified with regard to medication administration and care documentation that a quality improvement plan is enacted to address the deficits identified and that there is on-going review to ensure sustainable improvement . Additionally there is a requirement for more detailed recording of fire drills and ensuring that a simulated night time fire drill is completed.
Actions with regard to these matters that are required to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland are contained 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: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The Inspector reviewed the statement of purpose, which had been updated since the last inspection. It outlined the ethos and aims of the centre. While it contained all the matters as per Schedule 1 of the Regulations, it failed to provide adequate detail in some areas for example, a description of each room in the centre, its capacity and function.

Judgment:
Substantially Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that the current governance and management arrangements require strengthening to ensure that the delivery of care is effectively monitored. This

judgment is based on the cumulative findings of this inspection particularly with regard to the lack of effective oversight of the care documentation as where deficits had been identified in the audit completed, these deficits remained, lack of completion of mock evacuations to enhance fire safety and lack of robust procedures to manage audit findings of poor medication administration findings and the lack of completion of actions documented in the action plan from the inspection of August 2017.

While an annual review of the quality and safety of care delivered to residents was completed for 2016, this did not show that it was carried out in consultation with residents and their families. This remained the case. This had been documented as a repeat action in August 2017 from the July 2016 inspection. A draft 2017 annual review report was made available to the inspector, however, this was not centre specific and contained information which was not relevant to this centre for example reference to a lift. The annual review needs to ensure that it was used as way of seeking to improve the quality and safety of care provided.

A management structure that identified the lines of authority and accountability for nursing, care, laundry and catering staff was in place. There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose. The inspector was assured by the person in charge that she had sufficient time to ensure effective governance, operational management and administration of the centre. The person in charge attends accountability meetings with the provider representative every two months and director of nursing meetings are held every three months with the provider representative and senior management team. However, minutes of meetings between the provider and person in charge were not available.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
A residents' guide was available to residents. This contained all of the information required by the Regulations however it was not accessible to residents with dementia or cognitive impairment as it was in type print only. Consideration should be given to producing an accessible version which would facilitate a better understanding for residents who were cognitively impaired.

A sample of residents' contracts of care was reviewed by the inspector. These had been agreed on admission or shortly thereafter. They set out all fees being charged to the resident and all services to be provided. No extra fees for social care/ physiotherapy were payable. No list of fees was available for example with regard to hairdressing or chiropody.

The contract of care specified whether the bedroom to be occupied was single, twin or multi occupancy as required by the 2016 regulations

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The post of the person in charge is in post since October 2016. She facilitated the inspection and has the required qualifications and experience as required to fulfil the role of person in charge. However work with regard to auditing and review of the practices in the centre thereby ensuring sustainable improvement requires review by the person in charge. She is supported by two experienced clinical nurse managers. The inspector reviewed the duty roster and found that there were usually two registered nurses on duty in addition to the person to ensure she had adequate time for governance supervision and management duties. Her registration with An Bord Altranais agus Cnáimhseachais na hÉireann registration was current.

She confirmed that the provider was supportive and was freely available to her. Residents spoken with knew the person in charge. Courses completed since her appointment included managing risk in everyday practice, introduction to clinical audit, diabetes care, anaphylaxis training programme and cardiac first response. Her mandatory training was up to date.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and

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

Theme:
Governance, Leadership and Management

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

Findings:
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and were stored and maintained securely. The inspector noted that a deleting substance was in use on some medical charts. The inspector reviewed a sample of records to include accident and incident records, (NIMS), fire safety, staff personal files and residents' care and medical records.

There was a visitors' record to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was up to date and positioned in a prominent place on entry.

The directory of residents' contained all information required by schedule 3 of the regulations and was maintained up to date.

The inspector also reviewed a sample of policies and procedures as required by Schedule 5 of the regulations. All the required policies were in place.

A sample of staff files was reviewed and found to be compliant with the regulations.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:
The inspector was satisfied that there were appropriate arrangements in place for the safe management of the centre in the absence of the person in charge. Clinical nurse manager deputies for the person in charge in her absence. She works full-time in the centre and is identified as the person participating in the management of the centre on the application for renewal of registration. She is a registered nurse. Her registration with An Bord Altranais was up to date. An on-call management rota was in place. In the absence of this clinical nurse manager and the person in charge a further clinical nurse manager who works primarily in day care deputises. She is a registered nurse with many years experience and her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann registration was current.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
A comprehensive policy based on safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with by the inspector confirmed that they had received training on adult protection and were aware of the different forms of abuse and the reporting structure within the designated centre. The person in charge confirmed that they had enacted the new policy on safeguarding in the centre but staff had not been trained on the new procedures, training was planned for this to occur. Residents spoken with stated they felt safe in the designated centre and informed the inspector that they were well cared for.

The inspector reviewed the use of restraint within the centre. A policy on enabler/restraint use was in place to guide practice. There were risk assessments completed for residents who had bed rails in place. There was evidence available that staff were trying to reduce the number of residents who had bedrails and a high percentage of residents had low low beds. Most bedrails were in use as enablers. Care plans detailed the enabling function of the restraint measure. Records indicated that

restraint was only used following a risk assessment and restraints were regularly reviewed by the person in charge.

At the time of the last inspection, some responsive behaviour support plans did not detail the reactive strategy to adapt should a resident exhibit responsive behaviour. While this had improved and was detailed in most care plans reviewed, there was no linkage in the behaviour support plans and the behaviour assessment charts. This would enable staff to be alert to the possible triggers to responsive behaviour and enable them to escalate the anxiety of the resident and possibly prevent responsive behaviour episodes.

Staff displayed a very good knowledge of residents' abilities and the care that was required to support them and enhance their experience of living in the centre. The staff had recorded background personal information which would foster good communication with residents and make them feel secure.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
The health and safety of residents, staff and visitors was promoted and protected. There was evidence of proactive management of risk identified in the centre. The centre's risk management policy was available and included the required information and controls to manage the risks specified by regulation 26 (1). However, some improvements were required in relation to the recording and completion of fire drills. A procedure for the safe evacuation of residents and staff, in the event of fire, was prominently displayed. All residents had a personal emergency evacuation plan completed which considered the mobility and aids required to evacuate the resident. There were adequate means of escape. The fire assembly point was identified with appropriate signage in an area to the front of the building. While fire drills were undertaken at regular intervals and records were maintained these records did not always provide a comprehensive record of the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation. This was an action at the time of the last inspection. Completion of a simulated drill with night staffing levels would ensure that an assessment of adequacy of staffing levels available to safely

evacuate residents in an emergency was undertaken and would provide an assurance that timely evacuation of residents in the event of an emergency could be achieved.

Records showed that fire fighting equipment was serviced by an external company under a contract agreement. The fire alarm had been serviced quarterly and emergency lighting was serviced annually. All internal fire exits were clear and unobstructed during the inspection. Fire doors with self closing hinges were in place. The local fire services had attended the centre and were familiar with the layout including access points and of the numbers of persons who would possibly require evacuation. Review of the fire training records showed that all staff had undertaken annual training in fire safety. This was confirmed by staff. All staff spoken with knew what to do in the event of a fire and was confident they would be able to safely evacuate including at night time.

Residents were supported by the use of appropriate aids to retain their independence. For example, mobility aids and hand rails on both sides of corridors. There was a call bell facility in all bedrooms and sitting rooms. The inspector noted that call bells were answered in a timely manner. This was also confirmed by the residents who spoke with the inspector.

There was a safety statement in place which was specific to the centre. Site specific risk assessments had been undertaken and appropriately recorded. Individual risk assessments for service users had been undertaken with plans put in place to address risk identified, for example clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post un-witnessed falls to monitor neurological function. Records were maintained of accidents and incidents which indicated the immediate response, a section to record action taken and further actions required to follow up to the incident. There was evidence that individual incidents were reviewed and communicated at staff meetings. Opportunities for learning to improve services and prevent incidents were being promoted. There was an emergency plan in place to guide staff in responding to an emergency.

There was policy and procedural information available to guide staff on infection prevention and control in the centre. This also provided advice to staff on the management and prevention of communicable infection including outbreak procedures. Environmental cleaning procedures reflected best practice in infection prevention and control standards and the centre was visibly clean. Hand hygiene facilities and personal protective equipment (PPE) was located at various points throughout the premises. Staff had undertaken training in best practices with regard t hand hygiene.

Contracts were in place for the regular servicing of equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures

for medication management.

Theme:
Safe care and support

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

Findings:
There was evidence of safe medication management practices on the days of inspection from observation of a medication administration round and processes were in place to guide and support practice to include a comprehensive medication management policy and support of the clinical nurse manager or the person in charge. However , the inspector noted in the incident log that there had been deficits identified with regard the medication management in October and November 2017. While the person in charge had identified areas for improvement and this was recorded in staff nurse meetings, for example when nurses were administering medication they would be identified and were not to be interrupted. This was not occurring on the days of inspection. Additionally there was no evidence that nurses had undertaken medication management training since these deficits had been identified. The inspector reviewed a sample of medication charts. On some charts reviewed there was no time of administration on the prescription charts. Medication was prescribed, for example, as OD (once daily) or TDS (three times daily). This could be confusing as to what was the time of administration. Where medication had been discontinued, the discontinuation date was not recorded.

A dedicated fridge was used to maintain a cold chain and ensure those medications which required cold storage was stored appropriately. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations 1984. Nurses kept a register of controlled drugs. The inspector noted that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

Photographic identification was available on the medication charts for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The inspector noted that a record of all incidents was maintained. Notifications were made in line with the requirements of the Regulations.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Residents had assessments of daily living and other assessments completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment and nutritional risk. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. The Inspector found from talking with staff and residents that residents' overall health care needs were met. Staff could describe changes to the identified needs of residents and delivery of care. The interventions described by the staff reflected the needs of the residents even though not always documented in the care plans.

The inspector found that some care plans for residents required review to ensure they are person centred are reviewed in response to residents changing needs and or at four monthly intervals, are linked to the assessments and contain enough detail to ensure the delivery of safe quality care.   For example, care plans did not detail what level of falls risk the resident was, whether the resident was on a fortified diet or their likes and dislikes regarding food and fluids. In some care plans reviewed where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan.

Where residents were deemed to be at risk of developing pressure ulcers preventative measures were identified including regular position changes, supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. A review of residents' medical notes showed that residents had access to their general practitioner.

A narrative record was recorded for residents each day, and this gave an overall clinical picture of the resident. Social care activity was recorded for all residents also. There was some evidence of resident/ relative involvement in their care planning by way of a signature however no narrative note was recorded to ensure the residents' and or their family had input into the care plan.

Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians, audiology physiotherapy and psychiatry of later life was available. The inspector saw that where resident's needs changed they were referred to the appropriate service. For example when a resident was had difficulty swallowing they were referred to and assessed by the speech and language therapist who attended the centre. There was evidence that residents had been reviewed by the physiotherapist who was employed by the provider and reviewed all residents identified as being at risk of falling. Low-entry beds and sensor mats were provided to assist residents and reduce the risk of a fall.

Systems were in place to prevent unnecessary hospital admissions. Staff had been trained in sub-cutaneous fluid administration and the centre described good links with the palliative care team. Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter. Good processes were in place in relation to transfers and discharge of residents and hospital admissions. There was good evidence available of communication between the centre and acute care services when a resident was being transferred for care. Discharge letters for residents who spent time in acute hospital care and letters from consultations detailing findings following out-patient clinic appointments were available.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
Aras Mhic Dara is a community nursing unit under the management of the Health Service Executive (HSE). It is a purpose built single-storey building opened in 1978 and is registered with the Health Information and Quality Authority (HIQA) to provide care to

47 residents. It is situated approximately 30 km west of Galway city in Carraroe – An Ceathru Rua. The centre provides long stay residential, respite and palliative care, with day care provided five days per week for up to 18 persons. The unit provides nursing care to those whose healthcare needs cannot be met through community services, families or carers. When the registration of this centre was granted by the chief inspector on the 25 Jun 2015 a restrictive condition (Condition 8) was attached. This detailed that the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 22 January 2015. The reconfiguration is now complete.

Changes made to the reconfiguration include changing the four quadruple bedrooms to triple rooms with full wet room style en-suites. Two single rooms which had a shared bathroom now have a designated accessible bathroom from the corridor. Three offices have been changed to single bedrooms with bathroom/toilet/shower located in close proximity. The four triple rooms have been changed to four twin rooms, two of which have full en-suite toilet, wash hand basin and shower and the other two have an en-suite toilet and wash hand basin with an assisted shower in close proximity. A further twin room with full en-suite is available. 20 single bedrooms, 18 of which have a wash hand basin in the room and two with full en-suites to include shower toilet and wash hand basin. A further two assisted toilets are available. Multi occupancy rooms were large and spacious and beds were suitably screened to provide privacy for residents. En-suites were large and accessible. All residents have an individual locker and wardrobe and space for a comfortable chair by their bed.

The laundry has been refurbished and complies with good practice in infection control procedures with a designated entry and separate exit. An oratory, two dining rooms, two sitting rooms, spiritual room, smoking room and offices were available.

The centre provides a comfortable and homelike environment for residents. The building is decorated to a good standard and is comfortably furnished. It was clean, bright and spacious with good communal space for residents. Residents had access to a suitable safe outdoor space with seating. However, this is not large enough to accommodate all residents. It contained a pleasant garden with a water feature and paths which were safe for use. This was located off the sitting room therefore easily accessible. A further green accessible space was available but was not safe to access as some areas were uneven and would pose a trip hazard to residents. Additionally, the handrails require painting in this area. Review of this area to make it safe was an action at the time of the last inspection. This had not been addressed at the time of this inspection.

The premises were decorated to enhance orientation and promote independence for residents with dementia. All toilet and bathroom door were green, contrasting coloured toilet seats and grab rails were positioned in bathrooms, colour contrasted grab rails were also available at the sink. Large clocks were also available. Day and residential residents mingled together. The corridors were clean and clutter free and provided a safe environment for residents to mobilise. Handrails were provided and the layout allowed for circular movement for residents and the paved courtyard garden provided for circular movement.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure. A designated individual was nominated with overall responsibility to investigate complaints. A summary of the complaints procedure was displayed prominently and was included in the statement of purpose.

A comprehensive complaints policy was in place. This detailed the process for dealing with a complaint which complied with the regulations. One complaint had been documented since the last inspection. This had been investigated and resolved in a timely fashion. This contained the facility to record all relevant information about complaints.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Staff provided end of life care to residents with the support of the palliative care team and the General Practitioner. Each resident had their end of life preferences recorded and an end of life care plan was in place. These care plans addressed the resident's

physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives, these were documented. Staff had attended training in End of Life Care.

There was an open visiting policy in place. Relatives were facilitated to stay with their loved ones and snacks were provided. A spiritual room is available and this is often used by families to repose the remains of their loved one. Many of the staff were local and knew the residents and their families.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
Residents' nutritional needs were well met. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. Nutritional care plans were in place, however as discussed under outcome 11 some of the care plans required review. Food and fluid intake and output charts were in place where clinically indicated. The inspector observed residents having their lunch in the dining room. Adequate staff was available to assist and monitor intake at meal times. Some residents choose to dine in their own bedrooms or in the sitting room, and this was facilitated. Residents confirmed that they enjoyed the food and were appreciative of the catering staff and spoke favourably about the quality and the choice of food provided. The kitchen was open 24hrs per day and snacks were freely available. Residents told the inspector that they could have a drink and/or a snack any time they asked for them.

Likes and dislikes were recorded in the residents nutritional care plan as well as dietary information regarding any special diets required such as a modified consistency diet, high protein, diabetic and fortified diets or thickened fluids . Where residents were seen by dietetic services or speech and language services, their recommendations were not recorded in the care plans on some occasions.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:
Person-centred care and support

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

Findings:
This was an area that was well developed with day care and residential care run together. A weekly activities programme timetable was on display in the centre. Two day care staff and the person who is allocated to supervise the day room took a lead on activity provision. A comprehensive key to me – social care assessment was completed for residents on admission. Residents knew most of the day care residenst as they all came from the local rural community. Many staff had worked in the centre for many years and knew the residents and their families prior to coming into the centre. Staff could describe residents' daily routines, the activities they preferred and their likes and dislikes. Residents told the inspector that staff were accessible and attended to their needs promptly. They also said that any concerns they would inform the staff and were confident that they would be addressed.

Group activities were organised such as exercise classes, Bingo and music sessions and watching old films formed part of the activity programme. One-to-one activities were also available for residents who were unable to or chose not to participate in group activities.
Social care assessments were completed for each resident. These captured information on the resident's background prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes. Information from this assessment was used to inform the care plans and planning of activities. Newspapers were provided and residents had access to television and the radio.
A record was maintained of the social engagements and various activities that each resident participated in.

The centre arranges that residents can vote from the centre or are brought to the local voting station. Mass is celebrated weekly and the rosary and prayers are a daily part of the activity programme. The residents' committee take place on a quarterly basis. Items discussed include activities, upcoming events and day to day running of the centre. Suggestions made are actioned on in a timely manner by the clinical nurse manager.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can

appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
Residents had adequate storage space for their belongings and there was a lockable space in all rooms. There was a system in place to ensure clothes were labelled to ensure residents' property was protected. There was a good laundry system with resident clothes washed daily and returned swiftly to residents.

Some residents' main finances were managed under the HSE services in Tullamore. These residents received a fortnightly statement detailing their finances. Some monies were held in safekeeping for residents in the centre. This money was kept separately for each resident and a record of all transactions with two signatures of staff and the balance documented was maintained. A policy was available detailing the management of residents' personal property and finances.

Judgment:
Compliant

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

Theme:
Workforce

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

Findings:
The inspector found that levels and skills mix of staff were sufficient on the days of inspection to meet the assessed needs of residents and to the size and layout of the designated centre. Many residents commented that staff were "kind and caring". One resident stated, ''the staff are very good to me'' and another said, ''staff come as soon I ring the bell''.

Based on observations, a review of the roster and these inspection findings, the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. Two registered nurses were on duty at all times. The clinical nurse manager described good systems of communication to ensure updates with regard to the clinical condition of residents was communicated from one shift to the next to support staff in the provision of safe and appropriate care. In addition to daily handover meetings, there were regular health and safety meetings and staff meetings. The normal allocation of staff on duty was three nurses in addition to the person in charge or the clinical nurse manager up to 17:00hrs, two nurses from 17:00 hrs until 21:00 hrs. And two nurses on night duty. With regard to care staff there were generally eight care staff on duty from 08:00to 20:00hrs and three until 21:00 hrs and two on night duty. Additional catering, housekeeping and administration staff are available. The staff roster accurately reflected the numbers of staff on duty. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster.

A staff training programme was on-going. All staff had up to date training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, hand hygiene, introduction to dementia, continence training and nutritional care. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were available for all registered nursing staff employed.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Áras Mhic Dara Community Nursing Unit
Centre ID:	OSV-0000626
Date of inspection:	03/01/2018
Date of response:	06/02/2018

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: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not provide not adequate detail in some areas for example, a description of each room in the centre, its capacity and function.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The statement of purpose has been updated and all outstanding information incorporated into it as set out in Schedule 1 of the Health Act 2007(Care and Welfare of the residents in Designated Centres of Older People) Regulations 2013.

Proposed Timescale: 05/02/2018

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Where deficits had been identified in audits completed, these deficits remained, for example lack of completion of mock evacuations to enhance fire safety, lack of robust procedures to manage audit findings of poor medication administration findings and the lack of completion of actions documented in the action plan from the inspection of August 2017.

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

Please state the actions you have taken or are planning to take:
The person in charge will ensure ongoing quality monitoring and continuous improvements using results obtained from audits, meetings with CNMs and all other staff in the unit. We will continue to meet monthly until all outstanding issues are rectified.

Proposed Timescale: 02/03/2018

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The draft 2017 annual review report viewed was not centre specific and contained information which was not relevant to this centre, for example, reference to a lift. The annual review needs to ensure that it is used as way of seeking to improve the quality and safety of care provided.

3. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
The annual review has been changed to the HIQA template. Systems and practices are been reviewed following standard 30 under Regulation 23 (d). This review looks at various audits undertaken during the year. Feedback from residents and satisfaction surveys will be included.

Proposed Timescale: 28/02/2018

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The residents' guide was not accessible to residents with dementia or cognitive impairment as it was in type print only.

4. Action Required:
Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

Please state the actions you have taken or are planning to take:
A new residents guide containing 2/3 pages will be made available to residents. This will be like an information card which will have print and pictures on it. Prices for any additional costs will be on it.

Proposed Timescale: 30/04/2018

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no linkeage in the behaviour support plans and the behaviour assessment charts to enable staff to be alert to the possible triggers to responsive behaviour.

5. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
A meeting was held with nurses to discuss and rectify the care plans for each resident. All staff have up-to-date knowledge and skills to enable them to manage and respond to behaviour that is challenging. There are refresher courses on this which have been commenced in January and anyone who were identified as needing assistance with these care plans were prioritised to attend. All staff will get the opportunity to attend this course.
Any care plan without a reactive strategy how to care for someone with behaviour that challenges has been rectified.

Proposed Timescale: 05/02/2018

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Fire drill records did not always provide a comprehensive record of the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario.

No fire drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation.

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

Please state the actions you have taken or are planning to take:
A stimulated fire drill using night duty staffing levels will be done on the 15/02/18. We will record how long it takes to complete the evacuation and any problems that may arise. We have completed personal evacuation plans for all residents.

Proposed Timescale: 15/02/2018

Outcome 09: Medication Management

Theme:
Safe care and support

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

The procedure when nurses were administering medication that they would be identified and were not to be interrupted was not occurring on the days of inspection.

There was no evidence that nurses had undertaken medication management training since deficits had been identified.

On some charts reviewed, there was no time of administration on the prescription charts. Medication was prescribed, for example, as OD (once daily) or TDS (three times daily).

Where medication had been discontinued, the discontinuation date was not recorded.

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

Please state the actions you have taken or are planning to take:
Staff have access to up-to-date information on all aspects of medication management. From a meeting with nurses it has been agreed that all nurses will wear red aprons while doing medication rounds to ensure no disruption.

Nurses will also complete the medication management course online by the 02/03/18. Support will be given to anyone who is not confident using computers. Since inspection 4 nurses have completed this course. We will continue to do medication audits.

It has been discussed with senior management and the GP that drug prescriptions must be in line with our medication management policy and Regulation 29 (5).

Proposed Timescale: 02/03/2018

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not linked to the assessments and did not contain enough detail to ensure the delivery of safe quality care. For example, care plans did not detail what level of falls risk the resident was, whether the resident was on a fortified diet or their likes and dislikes regarding food and fluids.

In some care plans reviewed where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan.

Care plans were not always reviewed in response to residents changing needs and or

at four monthly intervals.

8. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
A meeting was held with nurses to discuss outstanding work needed on care-plans. All nurses were reminded that to ensure high standard of care to each resident, an individualised care-plans is needed. Within this, it should reflect the true needs of the resident and any intervention needed by staff. All assessments are to be reviewed 4 monthly but the care-plan is ongoing which must be adapted as a residents needs change.
Residents are involved where possible and practicable. If resident is unable to do so, a relative will be involved.
The CNM 11 will monitor this as she is auditing care-plans.

Proposed Timescale: 12/03/2018

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A green accessible space available was not safe to access as some areas were uneven and would pose a trip hazard to residents. Additionally, the handrails required painting in this area.

9. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
At present the green outdoor area is unsafe for residents to use. This is locked at all times and a "Keep out" notice is on the doors leading to the area. This has been discussed with senior management and we hope to get funding to make it patient friendly. Until this happens we are going to keep the grass cut and will paint the handrails so it is not left looking untidy. In the meantime residents do have access to our newly designed garden off the dayroom.

Proposed Timescale: 01/05/2018

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where residents were seen by dietetic services or speech and language services their recommendations were not recorded in the care plans on some occasions.

10. Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

Please state the actions you have taken or are planning to take:
The person in charge and the CNM 11 have met with nurses and instructed them to ensure nutritional assessments are carried out according to our nutrition & hydration policy. They were also asked to ensure that transfer of recommendations from dietetic be added to care plans.
These actions will be monitored by the CNM 11 who is currently auditing care-plans.

Proposed Timescale: 12/03/2018