

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Aras Ui Dhomhnaill Nursing Home
<b>Centre ID:</b>	OSV-0000313
<b>Centre address:</b>	Loughnakey, Milford, Donegal.
<b>Telephone number:</b>	074 916 3288
<b>Email address:</b>	info@sheephavenhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sheephaven Investments Limited
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
10 October 2018 12:30	10 October 2018 18:00
11 October 2018 09:30	11 October 2018 17:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 08: Governance and Management		Compliant

**Summary of findings from this inspection**

This inspection was carried out to monitor the care and welfare of residents with dementia. The centre did not have a special dementia care unit but 17 residents had some form of dementia.

The inspector followed up on the actions from the previous inspection on the 22 November 2016 and found they had been satisfactorily actioned. These matters related to compiling an annual report on the quality and safety of care health, updating the policy in respect of nutritional intake, fire safety training and updating

the complaint records regarding the satisfaction of the complainant following an investigation.

The methodology for this inspection included gathering the views of residents, relatives and staff and assessing how residents with dementia experience life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyze care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff files were reviewed.

A self-assessment form and questionnaire completed by the provider in preparation for this inspection was also reviewed. This identified performance against regulations and standards. The self-assessment and inspection findings are stated in the table above.

The health care needs of residents were met and there was evidence to judge that end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet resident's needs. Medication management was satisfactory and the nutritional needs of residents were met. Care planning documentation was satisfactory.

Residents were consulted with and participate in the organisation of the centre. Their privacy and dignity was respected, including receiving visitors in private. Residents were enabled to exercise choice and control over their lives and to maximise their independence. Residents who participated in group activities were happy to be involved and expressed their satisfaction. Some residents who did not wish to participate in group activities had limited opportunities for fulfillment. Some improvement was required in this area.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training and were knowledgeable about the action to take if they witnessed, suspected or were informed of any abuse taking place.

There were policies and practices in place around managing responsive and psychological behaviours and using methods of restraint.

The centre is a modern purpose built one storey residential care facility that meets residents' needs. It had a number of dementia friendly design features for example spaces where residents could walk around freely, good lighting, interesting features such as murals and mosaics on walls internally and in the garden to provide interest for residents.

The Action Plan at the end of this report identifies an area where improvement is required to comply 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.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

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

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

**Findings:**

The matter arising from the previous inspection related to the policy on the monitoring and documentation of nutritional intake which required review to ensure staff were aware of when to refer to specialist services when there were concerns about nutrition or unintentional weight loss. This was satisfactorily actioned. There were assessment and care procedures in place to ensure residents' nutritional needs were met and that they did not experience dietary or hydration deficits. Residents' weights were checked on a monthly basis or more frequently if necessary. Diet and fluid intake records were used as appropriate. Reference sheets were available to all staff including catering outlining residents' special diets including diabetic, modified and thickened consistency diets. There was evidence of the involvement of Allied health professional's such as speech and language therapists and dieticians.

The dining experience was pleasant with residents able to choose between using the large or small dining room for meals. During the meal times staff were observed to offer assistance in a respectful and dignified manner. Staff sat beside the resident they were giving assistance and were seen to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves or with minimal assistance to improve and maintain their functional capacity. The quality of interactions was found to be person centred. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to residents about their family, previous interests or news items.

The centre can accommodate 48 residents who need long-term, respite, convalescent or end of life care. Primarily residents were admitted to the centre for long term care but some residents were being accommodated for periods of respite/convalescence care.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a satisfactory standard through the provision of evidence based nursing and medical care.

The inspector reviewed a sample of residents' nursing and medical records. These records confirmed that residents were assessed prior to admission to the centre. The pre admission assessment documentation was available in the residents' files. On admission to the centre each resident's needs were comprehensively assessed using a number of risk assessment tools, for example, risk associated with factors that included vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements.

Each resident had a care plan completed that was maintained. This identified their needs and the care and support interventions that were implemented by staff to meet their assessed needs. Care plans for four residents with dementia and the management of nutrition and wound care were examined. These provided a good overview of residents' care and how care was delivered. There were good descriptions of the risks presented, the control measures in place and the triggers for further intervention available in the relevant areas of care records. Nursing staff described the procedures/protocols in place to manage wound care including the dressings used to aid healing and how to prevent skin deterioration by ensuring a routine of position changes was implemented and referral if necessary to allied health professionals. The provider and person in charge assured the inspector that a plan of care would be put in place to meet the resident's needs on discharge from hospital.

General practitioners and an out of hours service was available to residents. There was good access to the psychiatry of later life team. Arrangements were in place to review and update care plans on a regular basis and there was evidence of involvement by the residents or their next of kin.

Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Discharge letters for residents who spent time in acute hospital care and letters from consultants detailing findings following out-patient clinic appointments were available. A letter was completed by staff in the centre for residents requiring in-patient care in the acute hospital care setting.

The inspector found that there were policies and procedures in place to ensure residents received a good standard of end-of-life care which was person centred and respected their preferences. None of the residents were in receipt of end of life care during this inspection. The inspector saw that residents' care plans detailed their views and wishes regarding their preferences for this stage of their care. The palliative care team were available if necessary. Staff told the inspector that the palliative care services offered a prompt and effective service. The staff team confirmed that relatives were welcome to stay with their relative and they encouraged them to do so and provided drinks and snacks during their stay. Nurses were well informed about end of life care and had participated in training to avoid unnecessary hospital admissions. The resuscitation status and medical situation that prevailed were discussed with family members and their views were considered and reflected in care and medical records. Residents' cultural and religious needs were supported and arrangements were put in place to ensure that residents received the spiritual care they requested.

There were written operational policies relating to the ordering, prescribing, storing and

administration of medicines to residents. Nursing staff were observed administering medicines to residents by explaining to them what the medication was for and what they needed to do to take their medicines. Details of all medicines administered were recorded by nurses. The inspector saw that a medication management audit had been completed. The pharmacist visits and provides support as necessary. Prescription records included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. The maximum dose of PRN (as required) medication to be given in a 24 hour period was outlined. Medications that required special control measures were safely managed and kept securely in keeping with professional guidelines. There was evidence of auditing the usage of antipsychotic, anti-anxiety medicines and night sedatives. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at shift changeovers.

**Judgment:**  
Compliant

### *Outcome 02: Safeguarding and Safety*

**Theme:**  
Safe care and support

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

**Findings:**  
A notifiable adult protection incident was received by the Office of the Chief Inspector prior to the inspection. This was reviewed and it was found that appropriate action was being taken in accordance with the centre's safeguarding protocols, policies and procedures.

Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern.

There was a policy/procedure in place about behavioural and psychological signs and symptoms of dementia and restrictive practices. These were clear and gave good instructions to guide staff practice.

A review of training records indicated that staff were provided with up-to- date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. At the time of the inspection there were no residents displaying such

behaviours. However, from past experience staff described potential triggers, the use of behaviour charts and interventions that could be adopted such as redirection, distraction and diversion and noise reduction.

The inspector saw that expert advice from the relevant professionals was sought where necessary before commencing any psychotropic medication. Staff focused on a proactive and positive approach to residents.

Residents had a section in their care plan that covered communication needs and staff were familiar with this. There was a policy on provision of information to residents. Some residents were seen to be wearing glasses and hearing aids to assist communication.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails (7 in use) was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options. One resident was using a lap belt. Staff were clear these measures were in a last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

There were systems in place to safeguard residents' money. The centre acts as an agent for two residents and this money is held in residents' accounts separate to the centre's account. Policies/procedures, systems and practices were in place to manage small amounts of money on behalf of some residents. These were found to be satisfactory with regard to documenting transactions, for example, lodgements, withdrawals and balances. Signatures of two were available on the records.

**Judgment:**  
Compliant

### *Outcome 03: Residents' Rights, Dignity and Consultation*

**Theme:**  
Person-centred care and support

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

**Findings:**  
There was evidence that residents were involved and included in decisions about the operational management of the centre. The most recent meeting took place on 31 July 2018. Discussions centred on the environment and activities, for example, new items for sonas sessions and memory activities and outings. External advocacy services were



available to residents.

Staff described assisting residents to choose their clothes and giving them a choice about when they go to bed and get up and have breakfast at a time that suited them. Choices in relation to personal hygiene, frequency of baths and showers and grooming were also established by carers and respected.

The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. During the day, residents were able to move around the centre freely. There was adequate signage to direct residents to bedrooms and bathrooms.

The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations of two group activities took place in the main foyer/sitting room. The sessions were led by an activity staff member and care staff member. The inspector observed that the staff members knew the residents well and connected with each resident therefore scoring + 2. During the observation periods a game of skittles, a sing song and reminiscence activities proved to be very popular and residents and relatives expressed their enjoyment. The inspector was informed that regular activities which included puzzles, arts and crafts, bingo and hand massages were therapies used to improve and maintain memory function. Newspapers and magazines were available. The centre has a designated hairdressing salon and a community barber and hairdresser provide a service. Outings were organised for residents to partake in community events and recently residents took a trip to a local lighthouse. The inspector was informed that the weekly programme included evenings and weekends. Significant calendar dates and birthday parties were celebrated. Residents were facilitated to practice their spiritual or religious beliefs.

There was information on residents' background life styles, past lives and interests which informed the social care plans and activity programmes. A record was made of the involvement of residents in organised activities, however, this was insufficiently detailed and did not reflect the level of participation by residents.

The inspector observed that some residents did not have an opportunity to participate in activities in accordance with their interests and capacities. For example, the social care assessment highlighted how a resident liked to be socially engaged but the inspector observed that there was limited social interaction in a specified period for this resident. Other residents were also observed not to be engaged, particularly during the mornings of the inspection.

The inspector observed residents requesting to lie for a period in the afternoon and return again to the day room or dining room. Staff supported residents wishes in this regard.

Residents were facilitated to exercise their political and religious rights and will be given opportunities to vote in the forthcoming referendum. All residents have been enrolled on the register of electors. There was an oratory area and religious services were held regularly. Mass was being celebrated on the first day of the inspection and is available on a weekly basis for residents. Many residents said they valued the opportunity to pray and go to Mass. The local minister was also available to residents.

The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns.

There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. Staff interacted with residents in a courteous manner and residents' privacy was respected as staff knocked on the bedroom doors prior to entering.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends in the bedrooms or communal rooms. Relatives confirmed that they were satisfied with the provision of care to their family member. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately.

**Judgment:**  
Substantially Compliant

#### *Outcome 04: Complaints procedures*

**Theme:**  
Person-centred care and support

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

**Findings:**  
The matter arising from the previous inspection related to some complaints records did not indicate if the complainant was satisfied with the way their complaint had been addressed. This matter was satisfactorily actioned.

A policy/procedure was in place regarding the management of complaints and it met the requirements of the regulations. This procedure was on display. There was evidence from records and discussions with residents and relatives that complaints were managed

in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not. Following a review of complaints an education session was delivered to staff in March 2018. Views expressed by residents and relatives confirmed that management and staff were approachable if they had a complaint or suggestions to improve the service.

**Judgment:**  
Compliant

### *Outcome 05: Suitable Staffing*

**Theme:**  
Workforce

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

**Findings:**

The inspector was informed that there are policies and procedures in relation to the recruitment process and this included maintaining the documents in respect of persons working at the designated centre. The inspector randomly examined documents in accordance with the requirements of Schedule 2 of the legislation. These were found to be satisfactory. Details of professional staff subject to registration were up-to-date.

The numbers and skill mix of staff were sufficient to meet the needs of residents. In general, in addition to the person in charge two nurses were rostered on duty daily. There were nine carers on duty from 08:00 hours to 14:00 hours, seven carers up to 18:00 hours and four carers up to midnight. One of the carers was dedicated to providing activities. There were sufficient support staff. One staff nurse and two carers were rostered to work at night. There was a clear organisational structure and staff were familiar with the reporting relationships in place.

An examination of the training record showed that a rolling training programme was offered to staff and mandatory training was up to date or in progress, for example fire safety, moving and handling and safeguarding. The staff also had access to a range of education appropriate to their roles and responsibilities, including basic life support, infection control, end of life care, continence care and medication management. Staff also completed dementia training. Staff confirmed that they were supported to carry out their work by the provider and the person in charge. They were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care.

The inspector saw records of regular meetings at which operational and staffing issues were discussed. Copies of the regulations and standards were available. Staff confirmed

that there were good supports available to them and there was good staff morale.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre is a modern purpose built one storey residential care facility that meets residents' needs. It is situated in a countryside location a short drive from the town of Millford in north Donegal.

Bedroom accommodation for residents is provided in 44 single rooms and two twin rooms. All rooms have ensuite facilities of shower, wash hand basin and toilet which promotes privacy and prevention of infection. Ensuites were visible from beds to prompt residents to use these facilities. The inspector observed that a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents to bring in personal belongings to remind them of family events and to ensure that their rooms were personal to them.

The centre provides a comfortable and spacious environment for residents. The entrance lobby opens onto an open plan area where some residents liked to sit for periods during the day. This area was noted to be well used. Residents told the inspector that they liked the space because they could chat together and watch the general activity as this was where visitors entered the centre and was also the main access point to the sitting and dining rooms. There were several other communal sitting areas that give residents a choice of where to spend their time. Residents have a variety of areas where they can meet visitors communally or in private.

The premises were noted to be clean, warm and maintained in good decorative condition.

There were dementia friendly design features that contributed to quality of life and improved accessibility for people with dementia. These included large wide hallways that were unobstructed, good contrast in colour schemes so that walls, floors and handrails were easy to distinguish, good signage and murals on walls to prompt interest and conversation.

Access to areas that may pose a risk to residents such as the sluice room was restricted. There was a call bell system in place so that residents could request help when in

bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment were available and records indicated such equipment was regularly serviced.

A large secure accessible garden was available to residents. It was attractively organized and provided with seating so that residents could use the outdoors safely and the planting scheme provided interest for residents. Mosaics made by residents during art sessions adorned the walls.

**Judgment:**  
Compliant

### *Outcome 07: Health and Safety and Risk Management*

**Theme:**  
Safe care and support

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

**Findings:**  
The programme for training in fire safety did not include what actions should be taken should residents' clothing catch fire. This matter was satisfactorily actioned.

**Judgment:**  
Compliant

### *Outcome 08: Governance and Management*

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
The matter highlighted from the previous inspection related to compiling an annual report on the quality and safety of care. This matter was satisfactorily actioned. An examination of the report showed that it highlighted consideration of research into the provision of dementia care and implementation/promotion of some of these concepts.

**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:***

Siobhan Kennedy  
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<sup>1</sup>

<b>Centre name:</b>	Aras Ui Dhomhnaill Nursing Home
<b>Centre ID:</b>	OSV-0000313
<b>Date of inspection:</b>	10 and 11 October 2018
<b>Date of response:</b>	15 November 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 03: Residents' Rights, Dignity and Consultation

#### Theme:

Person-centred care and support

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

The registered provider did not provide opportunities for all residents to participate in activities in accordance with their interests and capacities.

#### **1. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

<sup>1</sup> 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:**

In looking at our activities program there is a window in the morning between 10:30 - 12:00 which may require more activity input. I plan to re-introduce a schedule at this time, on a trial basis. Having previously held group activities in the morning we found our residents refusing to participate as they were tired after personal care. We will look at introducing activities that will address gentle participation with their interest and capabilities.

**Proposed Timescale:** 16/02/2019