

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhic Shuibhne
Centre ID:	OSV-0000312
Centre address:	Mullinasole, Laghey, Donegal.
Telephone number:	074 973 4810
Email address:	aras@drumhill.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drumhill Inn Limited
Provider Nominee:	James Clinton
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	4

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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
16 October 2014 09:30	16 October 2014 17:00
17 October 2014 09:00	17 October 2014 16:30

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

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

Summary of findings from this inspection

This reports sets out the findings of the announced registration renewal inspection that took place on 16 and 17 October 2014. It was the ninth inspection of the centre carried out by the Health Information and Quality Authority (the Authority) Regulation Directorate.

This centre is registered to provide care for up to 48 dependent persons. The majority of residents accommodated have age related problems and dementia care needs. Most residents are admitted for long term care but respite and convalescence is also provided. On the day of inspection, there were 44 residents in the centre and the majority-70% had been assessed as having maximum or high dependency care needs. There is a dedicated dementia care unit that accommodates 14 residents and

this was fully occupied during the inspection.

The premises were well decorated and maintained to a high standard. The layout facilitated residents' independence as it has spacious communal areas, wide corridors with handrails on both sides and fully accessible toilet and bathroom facilities. All doors are wheelchair accessible. The standard of cleanliness and hygiene was found to be very good.

During this inspection the inspector met with residents, relatives and staff members. Aspects of practice such as the delivery of care, service of meals and staff interactions with residents were observed. The inspector reviewed documentation such as care plans, medical records, accident and incident reports and checked that the policies and procedures required by legislation were in place. The centre was found to be well organised and the health care needs of residents were addressed an acceptable standard. There was good access to primary care services and to allied health professionals and records confirmed that professional advice was sought in a timely manner when residents care needs changed. There was a regular programme of social activities that residents said they enjoyed.

Staff conveyed very positive attitudes to the care of older people, were up to date with mandatory training and were committed to their ongoing professional development. Two carers had completed advocacy training to more effectively support residents to communicate their views particularly residents with dementia. They said that a good team spirit had been fostered between all staff and that they worked together for the benefit of residents. and their relatives in being involved in decisions about care and treatment.

A number of questionnaires from residents and relatives were received and the inspector spoke with residents and relatives during the inspection. Their collective feedback indicated satisfaction with the service and care provided. Residents were consulted about the operation of the centre and there was an active residents' group that met regularly. Family involvement was encouraged with relatives stating they are welcome to visit at any time and were kept up to date on their relatives well being. The inspector saw that when relatives came to visit staff offered to explain the care and treatment that was currently being provided. Residents' comments are included throughout the report.

The inspector found that each resident's well being and welfare was maintained by a high standard of evidence based nursing care. Overall the centre meets with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. There were improvements required in some areas:

- staff deployment during the late evening particularly the allocation of nurses
- risk assessment particularly in the area of missing person's procedures
- assessment and review of dementia care needs and
- the provision of safe secure outdoor space for residents.

These areas for improvement are discussed further in the report and are included 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 Quality 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 statement of purpose was an accurate reflection of the service and the information satisfied regulatory requirements with the exception of details of the size of rooms. These details were later supplied to the Authority. The inspection findings supported the aims and objectives outlined in the document. The statement of purpose was kept under review by the provider.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The centre had a clear management structure that was understood by all staff. The person in charge reported to the nominated provider who visited the centre regularly and at a minimum once a week. There was support for the person in charge from senior

nurses who were sufficiently experienced and qualified to take charge in her absence.

The quality of care and experience of the residents was being monitored and developed on an ongoing basis. The provider had a system in place to gather and audit information relating to falls, accidents and incidents, residents who spend time in bed, wound care problems and complaints. The inspector found that this information was used to improve the service. For example, all residents assessed at risk of malnutrition were seen by a dietician or speech and language therapist and had a nutritional plan in place. Efforts to reduce the number of bed rails in use had been effective with a reduction of over 50% now evident. The information on critical areas being monitored was produced in a summary format which was provided to the inspector.

Audits of the varied areas of practice were discussed at staff meetings to ensure learning and improvements to practice. There was regular consultation with residents through formal meetings which were recorded and matters raised by residents were addressed and their views were seen to be taken into account when changes to the service were planned or being considered. Specific areas where residents had influenced change included the activity schedule, menu planning and the organisation of outings.

Judgment:

Compliant

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:

The inspector found that the required information such as a residents' guide and contracts for the provision of care and services had been supplied to residents or their representatives.

The inspector reviewed the contracts which included details of the services to be provided and any services that incurred additional fees such as chiropody, hairdressing or aromatherapy were identified. The process for making additional charges was found to be transparent.

Judgment:

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 person in charge was on a planned absence and was not available during the inspection. She has returned to duty since the inspection. Her replacement was a registered general nurse who had worked and participated in the management of the centre for some years. She had engaged in continuing professional development, knew the residents well and was actively engaged with the day to day activities of the centre. The inspector was satisfied that she was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. The nominated registered provider was not available during the inspection but the nurse in charge said that there was an on call arrangement in place in the event of an emergency at the centre.

The nurse in charge demonstrated a good understanding of her responsibilities and was familiar with the revised regulations and the standards. She demonstrated her commitment to providing an accountable and quality service through the various discussions that took place during the inspection and by the standards of documentation presented during the inspection.

There was an additional senior nurse available to take charge and there were deputising and on call arrangements in place to ensure adequate management of the centre during the absences of the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the administrative and business systems for the centre were well organised. Information was readily accessible and documents were securely filed.

The inspector viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors. Employer and public liability insurance was in place. The directory of residents was reviewed and while the majority of the required details in relation to each resident had been recorded some entries did not outline the address of residents which is required information.

The procedures and guidelines described in schedule 5-Operating Policies and Procedures were available and staff confirmed that they were familiar with the procedures in place to guide practice and knew where to find them if they needed to refer to them. The policy on nutrition required review as it did not provide information on trigger factors for referral to allied health professionals when nutrition problems were identified.

The inspector found that the clinical and medical records provided good overviews of residents care needs and the health care issues being addressed. The care plans and the daily record of care provided by nurses were up to date and reviews were undertaken within the required three month intervals. A sample of four staff files was reviewed. The required schedule 2 documentation- Documents to be held in respect of the person in charge and for each member of staff were available. The visitor's record was readily accessible inside the front door and was observed to be used by persons entering and leaving the centre.

Judgment:

Non Compliant - Minor

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 absence of the person in charge on planned leave was appropriately notified to the Authority with the arrangements for the management of the centre in her absence.

She has now resumed her role and the appropriate notification has been supplied.

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):

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

Findings:

There were appropriate measures in place to protect residents from being harmed and from suffering abuse. The inspector found that all staff spoken to were aware of the types of elder abuse and their responsibility to report suspected elder abuse to the provider or nurse in charge. Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre.

An action plan in the last report identified that some staff needed refresher training on this topic and that the policy on adult protection required review to provide guidance to staff on protected disclosure procedures and allegations against senior members of staff. The staff training records indicated that all staff had received training on

identifying and responding to elder abuse during 2013 or 2014. The centre's policy on the prevention, detection and response to elder abuse was reviewed. This had been updated in August 2013 and gave guidance to staff on the types of abuse and included the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. A procedure on protected disclosure had been included and the contacts for the local statutory services including the senior case worker in the Health Service Executive. The person in charge and her deputy undertake the training on this topic and do individual sessions for new staff during their induction period.

There was a good emphasis on promoting a restraint free environment. The nurse in charge said that the use of bed rails was gradually being reduced and that alternatives measures to promote safety such as the use of low low beds, sensors and protective mats were used where possible. The inspector saw that risk assessments had been completed where bed rails were in use and that this option was only in place where other measures had not proved to be satisfactory.

There was a clear and transparent system for managing residents' finances which was shown to the inspector by the administration staff. An individual record was maintained for each resident. Money deposited by residents and their relatives for safekeeping and all items of expenditure were clearly recorded and had an associated numbered receipt. The centre does not act as agent for residents finances. There was a record maintained of residents personal property and this was updated when new items were taken in or purchased by residents.

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

Findings:
The inspector found that there were systems in place to promote the health and safety of residents, staff and visitors but there were some areas that required improvement. These included the missing person procedures, signage to guide persons in the building in an emergency and some fire doors that did not close securely.

The premises were well organised and communal and private areas were noted to be free of clutter and storage of equipment was well managed. There was a monitored entry system and the visitor's book was signed by persons entering and leaving the

building. The inspector read the risk management policies and also the summary information that was available on areas of clinical risk such as vulnerability to pressure area problems, falls and nutrition problems. The nurse in charge was familiar with risk factors that had been identified and the measures in place to promote safety.

While fire safety was well managed there was some improvement required. Staff spoken to knew what to do in the event of a fire and the annual fire training sessions were undertaken in February, May and September of 2014. There was an arrangement for fire drills to be carried out to ensure that all staff were familiar with the fire procedures, however, the inspector noted that while these drills took place several times over a period of weeks at the beginning of the year the records did not indicate that further drills were completed throughout the year to ensure staff remained familiar with the procedures and to ensure that the needs of new residents were known and familiar to staff. A simulated evacuation was undertaken including the use of fire evacuation sheets as part of the fire drill procedure however this did not include residents many of whom were mobile and the inspector concluded that the frequency and procedure for fire drills should be reviewed to ensure maximum learning for staff. An action plan in the last report highlighted that all staff had not completed training and this was found to have been addressed from the information supplied in training records.

There was a list of the fire zones and an up to date list of residents maintained which indicated significant factors to assist staff during an emergency such as mobility status or presence of confusion. The fire alarm and fire doors were tested weekly and any faults rectified. In the absence of maintenance staff the senior nurse on duty undertakes this task. The fire escape routes were noted to be clear and unobstructed. These were checked daily and recorded. The exterior surface around the building was noted to be uneven in some areas which would create an additional hazard if residents had to be evacuated from the centre. Fire evacuation signage was displayed throughout the building to indicate the nearest fire exits however this signage was "generic" in content and needed to be revised to describe centre specific guidance for staff, residents and visitors. Some fire doors were noted to provide an ineffective seal as they did not close properly.

The inspector viewed the fire register which showed that fire equipment had been regularly serviced. Fire detection equipment was serviced quarterly as required in February, June and October 2014. The fire alarm and fire extinguishers had been serviced on a contract basis. A fire compliance document had been requested to be supplied.

Detailed records were maintained of all accidents and incidents. The nurse in charge monitored incidents monthly and discussed these at staff meetings. Each resident was reviewed and monitored and measures were put in place to minimise the risk of future falls. The measures in place included the use of low low beds, sensor alarms and mats to reduce the incidence of falls and prevent injury. Moving and handling training had been completed by all staff and manoeuvres and transfers were noted to be carried out safely and appropriately.

The inspector saw that standards of cleanliness and hygiene were good with all areas including critical areas such as sluices clean and well maintained. There was a regular check of the building undertaken and areas for attention were identified and referred to

maintenance staff for attention. These checks identified such deficits as bulbs not working, painting that was required and damage to furniture according to staff.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. The arrangements and guidance for staff to follow should a resident leave the building required improvement as there was no information /profile that described their features and no missing person drill had been undertaken to assess how such an incident would be managed.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector found evidence of good medication management practices but there was one area for improvement. While there was a record of medication that was returned to the pharmacy the medication policy did not include guidance on the disposal of unused or out of date medication as required by regulation 29 (6)- Medicines and Pharmaceutical Services.

The inspector found that each resident's medication was reviewed every three months by the GP in conjunction with the person in charge. A list of the dates of all reviews was maintained and when the next review was scheduled. Documentary evidence of these reviews was seen by the inspector. Residents had a choice of pharmacist in accordance with regulation 29(1) and two pharmacists provided a service to the centre to meet residents preferences.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. 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 the change of each shift.

The inspector observed a nurse administering medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There was a large clinical area and appropriate storage arrangements for medication. Nurses transcribed some medications and in such instances two nurses signed the record and

there was a subsequent signature made by the doctor. All nutritional supplements were appropriately prescribed and residents who had conditions such as epilepsy had this appropriately identified in their care plan and emergency medication was prescribed and available.

There was a monthly audit of the medication systems undertaken by the clinical nurse manager. These audits reviewed several areas including medications received and the arrangements for controlled drugs. The inspector was informed that that no drug errors had occurred.

Judgment:

Non Compliant - Minor

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:

Practice in relation to the notifications of incidents was satisfactory. To date all relevant notifications had been submitted to the Chief Inspector by the provider and person in charge.

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:

The inspector found that care practice was targeted at supporting residents to remain as independent as possible and actively engaged with activities and their families.

Residents who need long term care or periods of respite, rehabilitation, convalescence or palliative care are admitted to the centre. It was observed that staff were actively engaged with residents, attentive to their needs and available to them when they needed assistance. A sample of care records were reviewed to assess compliance with the regulations that underpin health care and to determine if action plans outlined at the last inspection were addressed.

The inspector found that the residents had diverse needs; some were highly dependent and required full assistance while other residents were quite mobile and independent. The inspector found good standards of nursing and social care in place. Residents had access to appropriate medical and allied healthcare professionals in the area and there was evidence that residents were regularly reviewed by their GP. Residents also had access to speech and language therapy (SALT), dietician, physiotherapy and chiropody services. In the review of care plans the inspector found details of referrals and appointments with various allied health services.

A finding in the last inspection and action plan indicated that the contribution residents and relatives to care plans was not evident. This action had been addressed. Staff said that residents and/or relatives were actively involved in the development and review of their care plans and this was confirmed by relatives who provided feedback to the Authority and others that the inspector talked to during the inspection. Relatives also said that they were included by staff at the time of admission and were asked to contribute information on which staff could base aspects of care plans. Care plans were found to provide a good overview of residents care needs and were based on a range of evidence based assessments for nutrition, sensory impairments, risk factors such as falls, vulnerability to pressure area problems and medical conditions. Residents who had conditions such as epilepsy had this identified in their care plan. There was a record of the residents' health condition and treatment given and this was completed on a daily basis.

There was good practice in the management of restraint and a gradual and sustained reduction had been promoted over the last two years the inspector was told by the nurse in charge There were 11 residents using bed-rails. The inspector found that assessments had been carried out and risks associated with the use of the bed-rails had been considered and documented. Alternatives had been put in place and had not proved effective. There were a range of alternatives in place and working effectively for remaining residents who were at risk of falls.

There were four wound care problems in receipt of attention. There was a wound management policy which guided the staff in the prevention and management of wounds. One resident admitted recently had serious foot problems that had received expedient attention from the chiropodist and nursing staff with beneficial effect. There were two pressure area problems one of which was of prolonged duration and another associated with terminal illness that were showing indications of improvement. Wound care plans were in place and provided detailed information on the changes to the

wounds, progress and dressings in use. Specialist advice from tissue viability specialists had been sought and was accessible according to nurses when required during the treatment programme. Six staff had received training in wound care management and the prevention of pressure area problems.

There were policies on nutrition and hydration which were being adhered to and supported good practices but required minor revisions to effectively guide staff. This is discussed further under outcome 15. Residents who had been assessed as at risk of poor nutrition had appropriate care plans in place and residents with increased weight issues had also been assessed and had appropriate diets in place.

There were no residents with behaviours that presented significant challenges. There were some residents that had behaviours such as restlessness and wandering and staff were noted to provide distraction, involve them in conversations and walk with them to reassure them and reduce distress. The inspector interviewed and observed staff and formed the opinion that appropriate care would be delivered where residents presented behaviour that challenged.

Records showed that falls risks were assessed and when falls occurred were well managed. Strategies were put in place for those residents who were at risk of falling. Residents were assessed following a fall and care plans were updated to reflect strategies put in place to prevent future falls. This was noted to include increased supervision and the use of equipment such as sensor mats. The provider was the moving and handling instructor for the staff team. The inspectors noted that risk assessments and associated manual handling guidance had been completed for residents and were retained in residents' files. The inspector found that during the inspection staff used safe moving and handling practices when assisting residents to mobilise.

The centre has a dedicated dementia care unit that provides care for fourteen residents with dementia. There were care plans in place that identified their particular care needs including levels of orientation and day to day activity patterns. The inspector saw that residents were encouraged to remain independent and to walk around the unit which had a number of features to prompt memory and aid reminiscence. This included wall murals of the original streets in Donegal town along the hallway and murals of a fire place in the sitting area. The dining room was clutter free to enable residents to walk around safely. The exits doors had been alarmed and that there were sufficient security measures in place to restrict access to area such as sluices.

Staff were very engaged with residents and could give a comprehensive overview of the care provided. There was a high level of interaction which contributed to the atmosphere in the unit and visitors were encouraged to come in at any time and support their relative.

An action plan in the last report required that there were opportunities for residents to participate in social activities according to their interests and abilities. This action had been addressed. There was a member of staff allocated to facilitate the social programme each day and the inspector found that residents had a good choice of meaningful activities, appropriate to their interests and preferences. The popular

activities were storytelling, exercises, music sessions, singing, baking and going on outings.

There were some improvements required to the care plans for social care as the inspector found that the social care activity to be provided for some residents with dementia did not take in to account changes in capacity that meant that the activity was no longer appropriate.

Judgment:

Non Compliant - Minor

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. 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):

No actions were required from the previous inspection.

Findings:

The building is a dormer-style bungalow with accommodation for residents on the ground floor and staff office space on the first floor. On entry, there is a spacious central hallway that leads to the communal sitting and dining areas and residents' accommodation. There are 40 single bedrooms and four twin rooms, all with en suite shower, toilet and wash hand basin facilities. There are also two bathrooms with a range of assistive equipment. There are several sitting areas located around the building including the entrance hall, and a prayer room. Accessible toilets are available close to these areas. All areas are attractively decorated with warm colours and pictures on walls throughout. There is a range of seating suitable to residents' needs and which were noted to be in good condition. The communal and private space met the Authority's space standards The building was warm and well-maintained internally. Residents reported that the centre offered a homely comfortable environment and told the inspector that they enjoyed the space in their rooms and in hallways and sitting areas in particular as they could walk around freely .

The designated unit for residents with dementia care needs is self contained. It has a sitting room and a dining area with an open plan layout that enables residents to move from one area to another freely and safely. The unit leads out to an enclosed outdoor space however this area did not provide a safe attractive area for residents to use independently. There was a tarmac surface and while this was more even and safe than noted on previous inspections there were some areas that remained uneven making it hazardous for residents to use independently. The inspector was told that this area had

been more attractive and safe for residents earlier in the year but the work required during the recent installation of the boiler had meant that many of the garden features had to be removed to enable the work to be completed. It is a requirement of this report that access to safe outdoor space is made available for residents in accordance with regulation 17- Premises and schedule 6.

During this inspection the premises were clean and well maintained and there were measures in place to control and prevent infection including staff training on infection control. The inspector noted that staff took appropriate infection control precautions including the use of personal protective clothing while attending to residents' care needs and adhering to hand hygiene precautions displayed in the centre. Hand-washing/sanitising facilities were strategically placed throughout the centre and readily accessible for staff and visitors. The person in charge coordinates infection control practice and has had specialist training on this topic.

There were records to show that assistive equipment such as hoists, baths and pressure relieving mattresses had been serviced regularly and ongoing service contracts were in place. All residents had a call bell in their room to enable them to summon assistance and there were call bells in communal areas however the call bell in the sitting area had been painted over and was not very visible/accessible to residents.

The kitchen and dining areas were well laid out and adequately spacious. A small kitchen area had been created in the dementia care unit to provide a facility for visitors to make tea/coffee. There were appropriate staff changing facilities for catering and other staff. There was a cleaners' room and adequate space for the storage of cleaning equipment and cleaning chemicals.

Adequate parking is available at the front of the centre however as described in relation to the dementia care unit there is no garden away from the parking area that is safe and secure for residents to use. The inspector saw that some seating had been provided at the front and residents confirmed that they sat outside when the weather was good but the present arrangements do not enable residents to use any of the outdoor spaces unaccompanied.

The provider employed a maintenance man who responded to all the day-to-day maintenance of the centre and equipment repairs.

Judgment:

Non Compliant - Moderate

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 inspector found evidence of good complaints management. The staff had a positive attitude to receiving complaints and considered them a means of learning and improving the service. The complaints policy was reviewed and was found to be comprehensive and displayed in a prominent position in the centre. It complied with the requirements of the Regulations.

The inspector reviewed the complaints record and saw that there were two complaints recorded. There was evidence that these complaints were appropriately responded to by the provider and in one instance the response from the complainant as to whether satisfied with the investigation undertaken was awaited. The process of investigation and all correspondence was available and managed within the time lines described in the procedure for managing complaints.

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:

Care practices and facilities in place were designed to ensure residents received end-of-life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and there were procedures in place to guide staff when addressing the needs of residents of varied faiths including Hindu, Muslim and Jehovah Witnesses. Family and friends were facilitated to be with the resident when they were dying. The majority of resident's bedrooms were single rooms and the nurse in charge said that where residents occupied double rooms every effort was made to maintain including a move to a single room if available.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. There were no residents at end of life during the inspection period. Care plans had been outlined for end of life care and these had been completed in consultation with residents and their families. The

inspector read some detailed plans that described varied arrangements that residents wished to have in place. Staff were familiar with the particular preferences that had been expressed and said they would follow the instructions as outlined. Following a death there were established systems for expressing sympathy with the family, sending flowers if appropriate and returning personal possessions.

End-of-life training was provided for nurses and care staff on an ongoing basis and there were links with the community palliative care team for additional support when required.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a nutritious and varied diet. There were choices provided at meal times and the menus were clearly displayed in the hall/reception area. The centre had an attractive dining room and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and with staff.

Most residents choose to have their meals in the dining room but residents told the inspector that there was choice in relation to this and you could have your meals in your room if that was your preference. The variety, quality and presentation of meals were of a high standard. The inspector observed that meals were well presented in appetising individual portions. Residents expressed satisfaction with the food and the dining experience particularly the choices and variety. The catering staff were praised for their attention, for baking bread and scones and for preparing choices at each meal. The inspector was told that personal favourite dishes were also prepared to meet residents' requests. For example, some residents liked said they would like a glass of wine with meals and this was arranged. Staff were seen to assist residents discreetly and respectfully when required. There was a range of assistive cutlery and utensils to help residents eat independently.

The inspector discussed the special dietary requirements of individual residents and saw that information on residents' dietary needs and preferences was maintained by the

catering staff. Residents told inspectors that they could have tea or coffee and snacks at any time. Water and fruit juice was provided in communal areas during the day and staff prompted residents to drink regularly.

There were care plans and policies and procedures to guide staff when addressing problems related to nutrition, unintentional weight loss or weight reduction. Staff including catering staff had received training on nutritional assessments and each resident was assessed using an approved tool. Dietetic support was available and residents were weighed monthly and more frequently if there were changes to their weight. Dietary assessments and nutrition plans were available in resident's care records. Care plans reflected targets for care and how residents were responding to treatment plans. However, the inspector noted that the policy and procedure did not provide alerts for staff to prompt them to refer to the allied health professionals. While the nutrition assessment scores provided some guidance on when to refer the procedure did not reference progressive weight gain or loss or instances where residents refused food or liquids. The required actions in relation these minor non compliances are detailed under outcome 5, documentation.

Judgment:

Non Compliant - Minor

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:

The inspector found that there were systems in the centre that enabled residents to contribute to the operation of the service and procedures ensured that their autonomy, views and opinions were respected and used to inform aspects of the operation of the service. There were regular meetings for residents and these were facilitated by care staff who had undertaken training in advocacy to enable them to facilitate the groups effectively. The inspector read the minutes of meetings and saw that there was good representation of residents present at most meetings. In all seven meetings had taken place this year and attendance varied from seven to eighteen residents. A range of topics had been discussed and included food choices, activities, outings and personal preferences. The inspector saw that residents' views had been taken in to account when changes were made to the menu and also when planning outings. Several residents had

expressed satisfaction with the music and baking sessions and with the trips out particularly to Killybegs.

The inspector observed that bedroom doors were closed when personal care was being delivered and when residents were out of their rooms. The inspector observed staff talking with residents in a courteous manner and addressing them by their preferred names. There was an open visiting policy and contact with family members was encouraged.

Residents religious and civil rights were supported. Mass and other services were facilitated and the spiritual care of residents was recorded in care records.

Residents' independence was promoted by staff. The inspector saw staff members assisting residents to walk around the centre and also encouraging relatives to do the same when they visited. Many residents went out with their families and friends for meals or to do their shopping. Residents said they had flexibility in their daily routines, for example, they could decide whether to participate in activities available to them. They chose when to go to bed and the time they got up.

The inspector noted that televisions and newspapers had been provided and these were included in the fee.

There is a reception area on the entrance to the building where a sign-in book for visitors was present. A flexible visiting policy is in place, and this was confirmed by residents and relatives. Residents and relatives commended staff on how welcoming they were to all visitors. There was ample space available for residents to meet with their visitors if they did not wish to use their bedrooms.

Relatives stated that they were informed when there was a change to their relatives' condition or treatment. They also said they were provided with information prior to and at the time of admission to help them make decisions about the move to nursing home care. Several commented to the inspector that this had been very helpful and some said that they had been offered the option of a short stay to help them make their decision.

Links were maintained with the local community through residents' visits to areas of interest and a number of local musicians came in to entertain the residents.

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):

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

Findings:

The provider had measures in place to protect residents' personal property and records of possessions were updated regularly and maintained in residents' rooms. The inspector saw that these records were updated when new items were brought in to the centre. The inspector observed and residents confirmed, that they were encouraged to personalise their rooms. Many of the bedrooms were decorated with pictures, photographs and furniture from residents' own homes. Residents had access to private lockable space to store personal valuables.

The inspector visited the laundry and noted that there was adequate space to segregate clean and soiled clothes. Clothing items were clearly marked to identify the owner. The inspector spoke to staff and found that they were knowledgeable about the systems in place to segregate laundry and prevent the spread of infection.

The inspector asked residents if they were satisfied with the way in which their clothes were cared for and all responded that they were happy with the service. No laundry issues had been raised during residents meetings or were the subject of complaints.

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 staffing levels and skill mix in the centre were sufficient to meet needs of residents for the majority of the day but the arrangement where one nurse was on duty during the late evening from 18.30 until the night staff come on at 20.00 hours required review. This judgement was made based on the declared dependency needs of residents where twenty nine residents had maximum or high care needs. The admission of a new resident who had significant care needs, the needs of residents in the dementia care unit and the size and layout of the centre also reinforced this judgement. The night duty allocation of one nurse and two carers also required ongoing review in the context of the changing needs of residents and new admissions.

At other times of the day the staff numbers and skill mix were appropriate with a nurse allocated to the dementia care area and two nurses including the person in charge available to provide care for other residents. The inspector saw that staff had time to address the individual needs of residents and were able to accommodate requests for assistance.

The provider had put in place adequate recruitment procedures and had ensured that staff were appropriately selected and vetted in accordance with the Regulations and the Standards. All the required schedule 2 documentation was available in the sample of files examined. The inspector found that there were good induction arrangements for newly employed staff members.

The inspector carried out interviews with staff members and found that they were knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting allegations of abuse. There was an ongoing programme of staff training and the topics that had been covered during 2013 and 2014 included wound care, moving and handling, the prevention of elder abuse, aspects of nutrition management, resuscitation and first aid, fire safety, dementia care and infection control and hand hygiene.

Residents and relatives spoke positively about the staff team and indicated that staff were caring, considerate and improved the quality of life for residents. Staff demonstrated a clear understanding of their roles and responsibilities and duties were appropriately delegated and supervised.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhic Shuibhne
Centre ID:	OSV-0000312
Date of inspection:	16/10/2014 and 17/10/2014
Date of response:	11/12/2014

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Review the policy on nutrition to ensure that it provides effective guidance to inform staff.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The policy on nutrition has been reviewed to include information on trigger factors for referral to allied health professionals when nutrition problems are identified.

Proposed Timescale: 11/12/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The measures in place to manage the unexplained absence of a resident required improvement. Personal profiles were not available and a missing person drill had not been undertaken to ensure staff were familiar with the procedures to follow in such a situation.

Action Required:

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

Profile documents for all residents have been completed and are located in individual files. A missing persons drill will be conducted in the coming weeks and a full report on the outcome and performance of same will be available.

Proposed Timescale: 31/12/2014

Theme:

Safe care and support

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

Fire drills were recorded for the beginning of the year but were not conducted continuously throughout the year.

Fire action signs required review to include that the centre specific actions staff and anyone in the building should take if the fire alarm is activated.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

A record of all fire drills will be maintained as carried out.
New Fire Action Signs will be made available to guide and direct staff of actions to undertake in the event of the activation of the fire alarm.

Proposed Timescale: 31/12/2014**Theme:**

Safe care and support

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

Some fire doors did not close effectively and would not effectively contain a fire or prevent spread of smoke.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

These doors were immediately repaired

Proposed Timescale: Complete**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 medication management procedures did not include guidance on the management and disposal of unused or out of date medication or the procedures for return to the pharmacy.

Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

All unused, discontinued or out of date medication are returned to pharmacy and a detailed record of same is maintained. Guidance of this standard of practice has now been formally documented within our medication management policy.

Proposed Timescale: 11/12/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There was no safe secure outdoor space that residents could use independently either in the dementia unit or for general use.

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:

Works are scheduled to be completed within 2015 in regard to outdoor surfacing. Priority will be given to an outdoor area in so that residents of both the main floor and Alzheimers Unit may go outside unattended if safe to do so. It is hoped that this will be complete by March 2015.

Proposed Timescale: 31/03/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The allocation of nurses in the late evening required review to ensure that sufficient qualified staff were on duty to meet the care needs of residents taking in to account the declared dependency levels and the needs of residents with dementia accomodated in seperate unit.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The allocation of Staff Nurses is reviewed on a daily basis and solely depends of the dependency levels on a given day. The level of care required can vary from day to day therefore on some occasions it is not always feasible that one of the nurses ceases duty at 1830. In such instances staff are aware that they will be required to remain on duty.

Proposed Timescale: reviewed on a daily basis- Complete yet continuous