

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act  
2007



<b>Centre name:</b>	Áras Rónáin Community Nursing Unit
<b>Centre ID:</b>	0628
<b>Centre address:</b>	Inishmore Aran Islands, Co Galway
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<b>Email address:</b>	Áras Rónáin
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered provider:</b>	Health Service Executive (HSE)
<b>Person authorised to act on behalf of the provider:</b>	Tony Canavan
<b>Person in charge:</b>	Mairéad Walsh
<b>Date of inspection:</b>	5 and 6 July 2011
<b>Time inspection took place:</b>	<b>5 July Start:</b> 09:00 hrs <b>Completion:</b> 16:45 hrs <b>6 July Start:</b> 14:20 hrs <b>Completion:</b> 18:00 hrs
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector:</b>	Finbarr Colfer
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie) in keeping with the Authority's values of openness and transparency.

## About the centre

### Location of centre and description of services and premises

Áras Rónáin is located on Inish Mór in the Aran Islands, Co. Galway. It is situated in the townland of Mainistir, which is just over a mile from Kilronan village. Áras Rónáin is a purpose-built single-storey building which opened in 2004. It was built in 2000 by a voluntary organisation in conjunction with the Western Health Board to provide services to the people of the three Aran Islands. The centre provides long-term, convalescent and palliative care. Day care can be provided three times a week for up to six local people. At the time of inspection there was nobody availing of the day-care service.

The centre has places for 12 residents, which comprises of ten long stay beds and two beds reserved for respite/palliative care. The building also contains 14 independent living housing units which are staffed and managed separately to the residential centre by Coiste Áras Rónáin. At the time of inspection there were nine long stay residents living in the centre, three of whom had dementia, and one of whom was in hospital. One of the residents was under 65.

The centre is set on the coast road and offers views of the Atlantic coastline on three sides. The building consists of four corridors around an enclosed courtyard garden. The centre occupies the wing to the front of the building, with some residential accommodation located on the side wings. The remaining wings form the independent living units and other office accommodation. There is a large central entrance and reception/foyer area that opens onto a wide corridor and the communal areas. The nurses' station and reception desk are located in the foyer. The entrance hall is comfortably furnished with several seating areas for residents, including two sunrooms which open directly onto the enclosed garden. The building is secure and the front doorway is fitted with a coded key pad.

Communal areas include a large, bright day room, a comfortable visitors' room and an oratory. The person in charge's office and an additional office and the treatment room are also on this corridor. There is a room designated as a smoking area, although at the time of inspection none of the residents were smokers. There is a large dining room and kitchen located at one end of the central corridor.

Bedroom accommodation consists of four single bedrooms, one twin bedroom and two three-bedded rooms. All bedrooms have en suite facilities with toilets, showers and wash-hand basins. There is a bathroom for residents' use with a toilet, bath and wash-hand basin. There are two separate staff sanitary facilities, each containing a toilet, wash-hand basin and a shower. There are three additional toilets with wash-hand basins for male residents and three for female residents in the central area. There is also a wheelchair accessible toilet and wash-hand basin located in this area close to the dining room and sitting room. There are separate laundry and sluice rooms.

The centre is set in large, well maintained gardens. The large courtyard garden in the middle of the building is secure and contains plenty of seating.

The building is wheelchair accessible and there is adequate car parking provided to the front of the building for staff and visitors.

<b>Date centre was first established:</b>			24 January 2004	
<b>Number of residents on the date of inspection:</b>			10, one of whom was in hospital	
<b>Number of vacancies on the date of inspection:</b>			2	
<b>Dependency level of current residents:</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	2	6	2	0
<b>Gender of residents</b>			<b>Male</b> (✓)	<b>Female</b> (✓)
			✓	✓

### Management structure

Áras Rónáin is a Health Service Executive (HSE) West Community Nursing Unit. The provider is the HSE West, represented by it's General Manager, Tony Canavan. Mairéad Walsh is the Person in Charge who is in the role of Acting Director of Nursing. She reports to J.J. O Kane, Manager of Services for Older People, who in turn reports to the General Manager. Care assistants, domestic workers, a catering assistant and the drivers report to the staff nurse on duty, who in turn reports to the Person in Charge. A private catering company provides a contracted catering service in the centre. The three contract caterers report directly to their line manager but also raise or discuss any issues relating to residents with the Person in Charge.

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

This report sets out the findings of a registration inspection which took place following an application to the Health Information and Quality Authority (the Authority) for registration under Section 48 of the Health Act, 2007.

Inspectors met with residents, relatives and staff members on the first day of inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The person in charge and the manager of services for older people had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Separate fit person interviews were carried out with the provider and the person in charge on the second day of inspection at a separate location.

Inspectors found substantial compliance with the Regulations and the Standards. This was reflected in the positive outcomes for residents which were confirmed by residents and relatives and evidenced throughout the inspection. Overall, inspectors found that residents' wellbeing was central to service provision. The services and facilities outlined in the statement of purpose were reflected in practice and served to meet the diverse needs of residents, including residents with a cognitive impairment.

Inspectors were satisfied that there were appropriate numbers and skill-mix of staff on duty to meet the assessed needs of residents during both the day and night shifts.

Residents received dignified and respectful care, were protected from abuse, and received a high standard of evidence-based nursing care. They had access to medical and allied healthcare. Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy and their views were sought and listened to. The physical environment was generally suitable for its stated purpose and was well furnished, comfortable and well maintained, although there were some parts of the building where structural improvements were required.

Inspectors identified some improvements that were required in the areas of care planning, recording of complaints, medication management and contracts of care. Although the building was constructed to a high standard, there was inadequate storage space for equipment and some residents shared rooms with an occupancy level of more than two. There was an informative statement of purpose in place which required some minor adjustments.

The required improvements are included in the Action Plan at the end of this report and are set out under the relevant outcomes.

## Section 50 (1) (b) of the Health Act 2007

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

### 1. Statement of purpose and quality management

#### **Outcome 1**

*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.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

#### **Inspection findings**

The statement of purpose accurately described the service provided in the centre. It was generally in line with legal requirements. However, it did not meet all the requirements of Schedule 1 of the Regulations, such as the inclusion of the name of the registered provider, the type of nursing care provided and sizes of rooms in the centre.

The statement of purpose set out the services and facilities provided in the centre. Inspectors observed that the centre's capacity to meet the diverse needs of residents, as stated in the statement of purpose was reflected in practice. In particular inspectors noted the inclusive, respectful and reassuring manner in which residents were engaged with in the activities and life of the centre, the staff training and development programme and the design and layout of the building.

#### **Outcome 2**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

#### **Inspection findings**

The person in charge had introduced a range of auditing systems to review and continually improve the quality of life and service to residents, including auditing of food safety, medication and infection control. She had introduced changes as a result of issues identified in audits, such as reorganising the staff roster to place more staff on duty at a time in the evenings when there had been a higher level of falls recorded. Following the first inspection, the person in charge had carried out two

audits of care plans and had introduced changes and updated care plans as a result of this. Comprehensive food safety and kitchen audits were conducted by an external contractor.

Some aspects of the auditing systems required strengthening and the person in charge outlined measures which she planned to introduce to achieve this. For example, the pharmacist had not previously visited the centre regularly, but the person in charge had arranged for her to come to the centre every month to participate in medication audits and reviews. The person in charge also explained that she would be introducing a new format for recording accidents and incidents to more readily identify trends.

The numbers of complaints recorded were low and the person in charge explained that she kept them under informal review and intended to introduce a formal auditing system in the near future.

### **Outcome 3**

*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.*

#### **References:**

Regulation 39: Complaints Procedures

Standard 6: Complaints

### **Inspection findings**

Inspectors found that complaints were generally well managed, although there was some improvement needed in the recording of the outcomes.

There was a detailed complaints policy which was signed and up-to-date. It contained guidance for staff on how to report and investigate complaints, but did not outline the process for recording complaints.

There was a complaints procedure which outlined how to make a complaint and it included an independent appeals process. The complaints procedure on display was clear and legible. Residents and relatives knew how to make a complaint and told inspectors that they felt confident that any issues expressed to the person in charge or nursing staff would be addressed.

Details of verbal and written complaints were separately recorded. The record included details of the complaint made, including actions taken and outcomes. However, there were in some instances no records maintained of the complainant's level of satisfaction with the outcome, as required by the Regulations.

## **2. Safeguarding and safety**

### **Outcome 4**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

### **Inspection findings**

The provider and person in charge had taken measures to protect residents from abuse. Inspectors viewed a comprehensive policy on detecting and reporting abuse. Staff told inspectors that they had viewed a training DVD on abuse issues and training records confirmed this. Staff who spoke with inspectors were knowledgeable on these issues and were also aware of their responsibilities for detecting and reporting abuse. The provider and person in charge were clear on how they would respond to any allegations of abuse. Residents confirmed that they felt safe in the centre.

### **Outcome 5**

*The health and safety of residents, visitors and staff is promoted and protected.*

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

### **Inspection findings**

There were measures in place to promote the health and safety of residents' and the management of risk was well addressed.

The environment was clean and well maintained. There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of domestic and clinical waste. Staff had received training in infection control and there were wall-mounted dispensers containing hand sanitising gels and disposable gloves located throughout the building for staff, residents and visitors to use. Two of the bedrooms were adapted for use when higher infection risk was identified and were equipped with additional hand-washing stations inside the doors.

There was an up-to-date health and safety system and a range of risk assessments in place. There were measures identified to address the specific risks outlined in the Regulations. The most recent environmental risk analyses were carried out in March 2011.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency.

Measures were in place to reduce accidents and promote residents' mobility, including safe floor covering and handrails provided on both sides of the corridors to promote independence. Residents were observed moving about the building during the day using the handrails for support. All of the staff who were involved in the care of residents were trained in the moving and handling of residents and there was a plentiful supply of hoists and assistive equipment. Inspectors observed staff using good manual handling techniques when assisting residents to mobilise and taking time to explain what was happening.

The provider and person in charge had sufficiently prioritised the safety of residents in the event of fire. The inspectors viewed the fire safety register which indicated that all staff had received training in fire safety and evacuation, most recently in June 2011. Fire evacuation drills were carried out and the most recent one had taken place in July 2011. Records showed that all fire equipment had been regularly serviced. There were weekly tests of the fire alarms and the fire extinguishers and generator were checked monthly. Fire orders were clearly displayed throughout the centre.

#### **Outcome 6**

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

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Inspection findings**

The inspectors found that the management of medication was generally well addressed, but there were some aspects of medication management which posed a risk of medication error.

An inspector reviewed the medication policy and found that it provided guidance to staff on a range of topics. However, it did not provide centre-specific guidance on some areas such as prescribing medication, disposal of medication and management of medications requiring strict controls.

An inspector accompanied the nurse on the midday medication round. The nurse demonstrated her competence and knowledge when outlining the procedures and practices on medication management and administration. The nurse had a lockable medication trolley and inspectors noted that she locked the trolley while it was unattended. The nurse recorded and signed to confirm each medication administered and a signature sheet of all nurses' names and signatures was maintained for reference.

The management of medications that required strict controls was reviewed. These medications were checked and counted at the time of administration and at every change of shift. There were no medications requiring strict controls in use at the time of inspection, but the nurse showed an inspector a secure locked cupboard where they were stored when required.

An inspector reviewed the medication prescribing and administration charts. Many residents had a number of medications prescribed for them and each one was dated and signed separately by the general practitioner (GP). The GP also signed for discontinued medications. Records of medication refused or withheld were recorded in the administration charts and in the nursing notes on residents' files. Inspectors noted that there was a documented three-monthly medication review process undertaken by the GP. There were colour photographs of all residents on the administration charts. However, inspectors noted while reviewing the medication prescribing and administration charts, a practice which increased the risk of medication error - the maximum safe dosages for medication administered as required (PRN) were not stated for some entries. This was not in line with the centre's policy which stated that the prescription should state the maximum dose in 24 hours.

### **3. Health and social care needs**

#### **Outcome 7**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

#### **Inspection findings**

The centre had sufficient GP cover, the GP provided out-of-hours services as required, and had locum GP arrangements in place to cover any periods of absence.

There was one GP on the island and she had provided medical care to most of the residents prior to their admission. Residents who were from the neighbouring islands transferred to the local GP on admission for practical reasons. Inspectors reviewed the residents' medical notes and these demonstrated that the GP visited the centre regularly. Residents told inspectors that they had access to their GP when necessary and they felt their health needs were well monitored.

Residents had access to some health services, including chiropody and ophthalmology. A chiropodist came to the centre twice each year and an optomologist visited once a year. Residents had to go to the mainland if they needed these services at other times. A physiotherapist came to the centre every week and residents could access this service privately as required. The person in charge acknowledged that access to services was more challenging in an island situation, and that residents sometimes had to be brought to the mainland to access the other services that they required.

All residents had a care plan and nurses reported that they had been agreed with residents or their representatives. Family members knew about the care plans and some told an inspector that they had been actively involved in the care planning process. Inspectors reviewed a sample of residents' files. The care plans were written in a respectful manner and staff had made significant efforts to personalise the assessments and care plans and include information about residents' families, favourite music, clothing preferences and past lives. Comprehensive assessments were undertaken on admission using recognised assessment tools. Additional risk assessments were undertaken for falls prevention, mobility, nutritional, skin integrity and dependency level. The care plans were reviewed and updated on a three-monthly basis, although the reviews were not sufficiently indepth to inform nursing practice.

However, the care plans required further improvement. They did not provide sufficient guidelines to deliver care consistently. Each resident's file identified the care needs of each resident and identified goals of care for each need, but the information in care plans was not specific enough to guide practice and deliver consistent interventions. This approach increased the risk of failure of the interventions.

Although some progress had been made on the management of behaviours that challenge since the previous inspection, this was not sufficient to inform the provision of quality care to all of these residents. One resident had received input from the psychiatry of old age team, which had also provided training for staff. Information on incidents was being gathered but this information was not being used to inform a review of the resident's care plan. The care plan for the resident did not provide clear direction to staff on the interventions to prevent and to manage any incidents that may arise. The processes that had been developed and the learning gained had not been extended to the care of other residents who presented with behaviour that challenged.

Inspectors reviewed the management of restraint and found that improvements were required. Some residents used side rails while in bed and one resident sometimes had a lap belt in place while seated. Inspectors viewed the care plans of some of

these residents and noted that while a detailed risk assessment had been carried out for the use of side rails, there was no corresponding care plan to manage the risks identified or to guide staff practice in the use of the side rail for each resident. There were no risk assessments or care plans in place to ensure the safety of the resident when using the lap belt.

There were no residents with wounds or pressure ulcers at the time of inspection. An inspector reviewed the care plan of a resident who had previously had a wound and found that it had been well managed. The care plan included a wound care assessment, wound illustrations and detailed daily records of the wound and care provided.

**Outcome 8**

*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.*

**References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

**Inspection findings**

Inspectors reviewed the policy and facilities in place to provide end of life care. There was a comprehensive policy on end-of-life care. Staff were aware of the policy, had received training in palliative care and they spoke to an inspector about how they delivered end-of-life care. The person in charge stated that they availed of the local palliative care team when necessary and had access to religious ministers for spiritual support. Although one single room was reserved for palliative care, there were no residents receiving end-of-life care at the time of inspection.

**Outcome 9**

*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.*

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Inspection findings**

The inspectors found that residents were offered a varied and nutritious diet that offered choice. The quality, choice and presentation of the meals were of a high standard and the residents told the inspectors that they were very happy with the food provided. The inspectors sampled the lunch and confirmed it to be of high quality. An inspector met with the chef who spoke of residents' likes, dislikes and special dietary needs. The chef knew of residents' dietary needs and outlined how she substituted soya milk for cow's milk for a resident who was lactose intolerant.

The chef also showed an inspector a birthday list and said that she made a cake to celebrate each resident's birthday.

Residents were offered a daily choice of lunches, desserts and evening meals. The daily menu was displayed in large print on a white board in the dining room. Residents chose their meals in advance of mealtimes and this was recorded in the kitchen. Three-weekly menus were prepared by the head chef who confirmed that she based the menus on a combination of her own discussions with the residents and the admission questionnaires. Residents confirmed this saying that they could have anything they wished. The kitchen and dining room were connected through a servery hatch and the chef served meals to residents in the dining room from a hot holding unit in this area. She could talk to residents as she served the meals and plated meals according to requested portion sizes and added or omitted sauces as required.

Inspectors noted that residents were offered a variety of snacks and drinks throughout the day, including healthy snacks such as fresh fruit salad and home made soup. Inspectors noted that all residents were offered a variety of drinks with their meals. Residents were encouraged to take drinks throughout the day and there were self-service water dispensers from which residents, staff and visitors could help themselves to drinks. The chef told an inspector that she leaves a supply of fresh confectionary, such as scones and home made cake for residents to take with a cup of tea later in the evenings. Residents confirmed that they could have snacks and drinks at any time.

Inspectors found the dining experienced to be relaxed, comfortable and inclusive. Some residents required special diets or a modified consistency diet and this was provided for them. Inspectors noted that they had the same choices as other residents and the food was presented in appetising individual portions. Some residents required assistance while dining and inspectors saw staff sitting with these residents and assisting them respectfully. Staff encouraged discussion and chatted with all residents in Irish and English during the mealtime. The dining room was bright and comfortably furnished and table settings were pleasant with fresh flowers on each table.

An inspector read the nutrition policy which was informative and up-to-date. The policy included guidance on nutrition, nutritional risk screening, hydration, management of dysphasia and catering for specific health issues, such as heart disease.

Staff told the inspectors that all residents were nutritionally assessed using a validated tool and that their weights were recorded each month. The inspectors reviewed a sample of residents' files and found this to be the case. The care plans held details of residents' food likes and dislikes, and for any resident who was nutritionally compromised there were care plans for eating and drinking.

## **4. Respecting and involving residents**

### **Outcome 10**

*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.*

#### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

### **Inspection findings**

This issue arose on the previous inspection and the provider continues to be in non compliance with legal requirements in relation to contracts of care. Written contracts of care had not been agreed with the residents. The person in charge explained that this was a national issue and that the HSE was in the process of formulating a nationally agreed contract which would be introduced in all HSE centres.

### **Outcome 11**

*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.*

#### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

### **Inspection findings**

Inspectors found that residents' privacy and dignity were respected by staff. Inspectors observed staff knocking on the doors of occupied rooms and waiting for permission to enter. While talking to residents, staff were observed using bi-lingual communication, taking time to explain and listen, and giving residents time to respond. Inspectors observed staff interacting with residents in a courteous manner and addressing them by their preferred names. Residents said that they could talk to any member of the staff.

Residents' civil and religious rights were respected. The person in charge outlined the voting arrangements for residents. She explained that residents who wished to vote were brought out to the polling station in the centre's bus. She said that

arrangements were also in place for a ballot box to be brought to the centre if required, but at present all the residents preferred to go to the polling station. There was an oratory in the centre which residents and relatives could use for prayer and reflection. Mass took place in the centre every Sunday, and additional mid-week masses were arranged in the centre for anniversaries of residents' families or relatives. Residents told the inspectors that they enjoyed going to Sunday mass. All residents were Roman Catholic at the time of inspection, but the person in charge said that all religious denominations would be supported to practice their religious beliefs.

The person in charge told inspectors of how she promoted links with the local community. The notice board displayed local information, letters from school children to the residents and details of activity and recreational events taking place in the centre, such as a music session performed by local musicians. The person in charge stated that the local national school ran an 'adopt a granny/granda' project during the school year, where children came to the centre once every week to meet the residents and to chat to them. Children from the local Naoinra (pre-school) also came to the centre regularly to sing songs for the residents.

A range of information about local news and happenings, as well as events and activities taking place in the centre was displayed on notice boards in the building. There was a plentiful supply of newspapers and magazines in the centre.

Families of residents told inspectors that they felt very welcome in the centre and were free to visit at any time. Inspectors observed that staff chatted to visitors and offered them refreshments. Lunch was served in a separate location to a resident and her visitors, as they wished to dine privately. Visitors told inspectors that they knew the staff and the person in charge well, could raise any issue with them and were satisfied that it would be addressed, and that they were kept well informed of residents' progress.

The person in charge told the inspectors of her plans to establish a residents' committee to give residents a greater opportunity to participate in the day-to-day running of the centre.

**Outcome 12**

*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.*

**References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

## **Inspection findings**

Residents were encouraged to personalise their rooms and inspectors visited rooms which were adorned with photographs, pictures and other personal belongings. All residents had adequate storage space for clothes and personal possessions and lockable storage space for valuables was also provided.

There was a well-established laundry system in place. The laundry room was spacious and well equipped. An inspector spoke with the staff member with responsibility for housekeeping and found that she was knowledgeable about infection control. She explained the different processes for different categories of laundry and outlined a safe cleaning system using colour coded equipment and materials. There was a laundry identification system with tags placed on residents' clothing on admission. Iron-on labels were used on socks and underwear as they said that this would not irritate or tear the residents' skin. Residents and relatives expressed satisfaction with the service provided and confirmed that clothes did not get lost.

Inspectors examined the policy and procedure for the management of residents' finances. The person in charge and an administrative staff member managed the accounts of two residents. An inspector viewed the system and found that it was managed in a safe, secure and transparent manner, with supporting documentation and in line with the centre's policy. The person in charge showed the inspectors the Residents' Property book, in which all entries were appropriately recorded and signed. There was a system in place to manage valuables which residents wished to submit for safekeeping. Money was securely stored in sealed envelopes in a safe and all transactions were dated and recorded, and signed by the resident, the person in charge and the administrator. At the time of inspection there was no money entrusted for safekeeping.

## **5. Suitable staffing**

### **Outcome 13**

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

### **References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

## **Inspection findings**

The post of person in charge was full-time and held by a registered nurse with the required experience in the area of nursing of older people. Inspectors observed that she had a strong and friendly presence in the centre and there was evidence of good leadership. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated to inspectors both during the interview, during the inspection and in the documentation available.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. She demonstrated a commitment to continuous professional development and has completed a gerontological nursing course.

#### **Outcome 14**

*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.*

#### **References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

#### **Inspection findings**

Inspectors found that there were sufficient staff on duty to meet the needs of the residents. The inspector reviewed the roster and it showed that there was usually one nurse and three care assistants, or two nurses and two care assistants on duty during the day and in the evening. In addition, the person in charge normally worked in the centre on a daily basis. One nurse and one care assistant were on duty at night time. There were separate catering and cleaning staff and a driver/maintenance person was employed six days a week. Residents told the inspector that they were satisfied with the staffing levels, commenting that they were well looked after at all times. The person in charge told the inspector that staffing levels were based on the numbers of residents and their dependency levels. The dependency levels of residents were assessed using a validated tool. She stated that since the last inspection an additional staff member had been scheduled to provide one-to-one support for a resident who required this level of care. The roster reflected this and staff confirmed this to be the case.

The provider and person in charge were committed to providing ongoing training to staff. All staff had received training in fire safety, manual handling and prevention of abuse. Medication management training had been delivered to staff in 2010 and training in psychiatry of later life, dementia care and behaviour that is challenging took place in 2011. Four of the healthcare assistants had Further Education and Training Awards Council (FETAC) Level 5 training. Staff spoken with confirmed that they had enjoyed doing this training and that it had helped them in their work. Staff informed inspectors that copies of operational policies, the Regulations and the Standards had been made available to them and staff demonstrated an adequate knowledge of their content.

The staff recruitment process was generally in line with the requirements of the Regulations. An inspector examined some staff recruitment files and found that they contained most of the information required by the Regulations, including evidence of Garda Síochána vetting, photographic identification, three written references and documentary evidence of each nurse's registration with An Bord Altranais. However, some files did not contain evidence of mental and physical fitness to work.

Staff turnover was low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to their needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to inspectors.

## **6. Safe and suitable premises**

### **Outcome 15**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Inspection findings**

Although the centre was comfortable and well maintained, some parts of the building were not suited to meet the needs of the residents as outlined in the statement of purpose.

The building was found to be clean, bright and well maintained throughout. Many aspects of the design and layout of the building generally met the needs of residents. The corridors were wide and allowed residents plenty of space to walk around inside the building. There was a variety of areas where residents could spend their time. Residents could sit and relax in the reception area and in small recessed sunrooms off the corridor and overlooking the garden. There were two sitting rooms and an oratory where mass was held every week. The sitting rooms and the dining room were domestic in character and were furnished with feature fireplaces, traditional furniture and artefacts to promote discussion and reminiscence. Inspectors saw woven wicker baskets, handcrafts, religious statues and pictures depicting scenes of local lifestyles on display. A centrepiece in one of the day rooms was a restored dresser which had been made on the island in 1957. There was a pictorial display, depicting the original owners, tracing the dresser from its original home to the centre and showing residents and staff working together on its restoration. The dresser was now brightly painted and filled with colourful crockery. Residents stated that there was a homely comfortable atmosphere and that they enjoyed living there.

There were adequate numbers of baths, showers and toilets for residents' use. Since the last inspection, alternative sanitary facilities had been designated for staff use and the bathroom which had previously been shared by staff and residents was dedicated solely as a residents' bathroom.

All bedrooms were spacious and had en suite toilets, showers, wash-hand basins and call bells. Wardrobes, and lockers with lockable spaces, were available to all residents to store their private possessions. However, the wardrobes were small and the person in charge explained that sometimes residents' out of season clothing was transferred to alternative storage when not in use as there was not sufficient space in the wardrobes.

There were two multi-occupancy rooms which accommodated more than two residents. They were well laid out and spacious, with screening curtains around all beds for privacy. These rooms did not meet the occupancy requirements as outlined in the Standards. The provider and person in charge acknowledged this deficit and stated that the HSE were reviewing this matter with a view to establishing how best to reduce the level of occupancy within the required timescale.

There were separate laundry and sluice rooms, both of which were well equipped and fit for purpose. The maintenance store where cleaning supplies were stored was securely locked. A bathroom had been designated as a cleaning room, although this room could be improved by the provision of a suitable low-level cleaning sink.

Residents could go out into an enclosed garden which comprised of large paved areas surrounding a central gravelled area. There were ample outdoor tables and seating. The garden was spacious and secure and was well maintained at the time of inspection.

There was adequate storage space and inspectors noted that equipment and materials were safely and securely stored. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hoists and other equipment had been maintained and service records were up-to-date. A maintenance person/driver was in the centre each weekday and on call out of hours to carry out routine maintenance and up-keep of the building and garden.

An inspector visited the kitchen and found it to be clean, spacious and well equipped with sufficient storage facilities. There was a food safety management system in place and a recent report from the Environmental Health Officer indicated no major breaches of food safety legislation.

## **7. Records and documentation to kept at a designated centre**

### **Outcome 16**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

### **References:**

Regulation 21: Provision of Information to Residents

Regulation 22: Maintenance of Records

Regulation 23: Directory of Residents

Regulation 24: Staffing Records

Regulation 25: Medical Records

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Standard 32: Register and Residents' Records

### **Inspection findings**

*\* Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### **Resident's guide**

Substantial compliance

Improvements required\*

The Residents' Guide did not contain all the information as required in the Regulations such as a copy of the contract of care and the address and telephone number of the Chief Inspector.

### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required\*

### **General records (Schedule 4)**

Substantial compliance

Improvements required\*

### **Operating policies and procedures (Schedule 5)**

Substantial compliance

Improvements required\*

### **Directory of residents**

Substantial compliance

Improvements required\*

### **Staffing records**

Substantial compliance

Improvements required\*

All staff records reviewed did not contain the information as required in Schedule 2 of the Regulations as detailed under Outcome 14.

### **Medical records**

Substantial compliance

Improvements required\*

### **Insurance cover**

Substantial compliance

Improvements required\*

#### **Outcome 17**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

#### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

### **Inspection findings**

Practice in relation to recording and notification of incidents was satisfactory.

The person in charge maintained comprehensive records of accidents and near misses which outlined details of the incident, actions taken, treatment administered, risk rating and risk control measures identified. Each record was reviewed by a staff nurse and the director of nursing.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

#### **Outcome 18**

*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.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Inspection findings**

There were appropriate arrangements in place for the absence of the person in charge. A senior nurse deputised for the person in charge in her absence. The person in charge and provider were aware of their responsibilities to notify the Authority but as yet this was not required.

Inspectors were informed that there have been no absences of the person in charge for such a period that required notification to the Chief Inspector.

**Closing the visit**

At the close of the inspection visit a feedback meeting was held with the person in charge and the manager for services for older people to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

**Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

***Report compiled by:***

Jackie Warren

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

29 July 2011

## Provider's response to inspection report\*

<b>Centre:</b>	Áras Rónáin
<b>Centre ID:</b>	0628
<b>Date of inspection:</b>	5 and 6 July 2011
<b>Date of response:</b>	23 August 2011

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

#### ***Outcome 1: Statement of purpose and quality management***

##### **1. The provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose required some amendments such as the inclusion of the name of the registered provider, the type of nursing care provided and sizes of rooms in the centre.

##### **Action required:**

Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

##### **Reference:**

Health Act, 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

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

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The statement of purpose now includes the size of the bedrooms.	Completed

***Outcome 3: Complaints procedures***

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>  There were no records of the complainant's level of satisfaction maintained for some entries in the complaints log.	
<b>Action required:</b>  Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.	
<b>Reference:</b> Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The complaints policy in the unit now includes a complaints satisfaction log, which will be completed when dealing with all complaints in the unit. A three-monthly audit will be done commencing September 2011 to review this process.	Completed

***Outcome 6: Medication management***

<b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The medication policy was not comprehensive and did not provide centre-specific guidance on some areas such as prescribing medication, disposal of medication and management of medications requiring strict controls.  The maximum safe dosages for medication administered as required (PRN) were not stated for some entries on the administration charts, which was not in line with the centre's policy.	
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<b>Action required:</b>	
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
<b>Reference:</b>	
Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The unit's medication policy has been reviewed and contains centre-specific guidelines on the prescribing medication, disposal of medication and management of controlled drugs. The GP has reviewed all PRN medications charted in the unit and they all contain the maximum dose that can be administered in 24 hours.	Completed

***Outcome 7: Health and social care needs***

<b>4. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
Some of the information in care plans was not specific enough to guide practice and deliver consistent interventions. This approach increased the risk of failure of the interventions.
The management of behaviour that is challenging was not well addressed and clear care interventions were not outlined in these residents care plans.
Reviews of care plans did not contain enough information to inform intervention changes.
Risk assessments had been carried out for the use of side rails, but these had not given rise to related care plans to address the identified risk.
There were no risk assessments or care plans in place for the use of lap belts.
<b>Action required:</b>
Set out each resident's needs in an individual care plan developed and agreed with the resident.

<b>Action required:</b>	
Notify each resident of any review of his/her care plan.	
<b>Action required:</b>	
Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing.	
<b>Action required:</b>	
Provide a high standard of evidence based nursing practice.	
<b>Reference:</b>	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan Regulation 6: General Welfare and Protection Standard 13: Healthcare	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are introducing the DML data set care plans at present. Training will be provided so that it is used appropriately to demonstrate compliance with the Regulations and Standards and provide high standard of care to our residents.  We have updated our existing care plan on behaviour that challenges and on the use of bedrails, and have used our risk assessments in updating care plans. We have devised a risk assessment on the use of lap belt and are using this in our care plans at present for residents requiring lap belts.	New care plans to be completed by 30/09/2011  Completed

***Outcome 10: Contract for the provision of services***

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>
Written contracts of care had not been agreed with the residents.
<b>Action required:</b>
Agree a contract with each resident within one month of admission to the designated centre.

<b>Reference:</b> Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A contract of care has been drawn up and is in the process of agreement with each resident. All contracts will be discussed and signed within one month of admission date in the future.	02/09/2011

***Outcome 14: Suitable staffing***

<b>6. The provider is failing to comply with a regulatory requirement in the following respect:</b>  Some staff recruitment files did not contain all the required information including evidence of mental and physical fitness to work.	
<b>Action required:</b>  Put in place recruitment procedures to ensure no staff member is employed unless full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.	
<b>Reference:</b> Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Staff files are being update to contain the relevant information. Staff are in the process of providing certification on mental fitness to work.	30/09/2011

***Outcome 16: Records and documentation to kept at a designated centre***

**7. The provider is failing to comply with a regulatory requirement in the following respect:**

The Residents' Guide did not contain all the information as required in the Regulations such as a copy of the contract of care and the address and telephone number of the Chief Inspector.

**Action required:**

Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

**Reference:**

Health Act, 2007  
Regulation 21: Provision of Information to Residents  
Standard 1: Information

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

**Timescale:**

Provider's response:

The Residents' Guide has been updated and now contains all the information as required by regulation. The address and telephone number of the Chief Inspector has been added and a copy of the contract of care is also attached.

Completed

**Any comments the provider may wish to make:**

**Provider's response:**

The provider welcomes the inspector's comments. We would like to take this opportunity to thank all of our team, residents and relatives for preparing for and facilitating this registration inspection. We found the inspection to have been carried out with the utmost of respect and professionalism and courteous approach shown to all concerned. The provider, with the help of the person in charge will endeavour to implement all action plans and recommendations to meet legislative requirement in order to ensure best practice in Áras Rónain.

**Provider's name:** Tony Canavan

**Date:** 23 August 2011