

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Arás Ronáin Community Nursing Unit
Centre ID:	OSV-0000628
Centre address:	Mainistir, Inishmore, Aran Islands, Galway.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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 1 day(s).

The inspection took place over the following dates and times

From: 27 April 2015 10:30 To: 27 April 2015 19:30

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

During the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, risk management documentation, accident records, complaint logs and medication charts. The inspector also read questionnaires which had been completed by residents and relatives and these indicated a high level of satisfaction with the service.

Evidence of good practice was found throughout the service. Residents' health and social care needs were well met and staffing levels and skill mix were appropriate to provide care to residents. There was an assessment and care planning system and residents had good access to general practitioners and health care services. Residents were supported to practice their religious beliefs and had the opportunity

to vote if they wished to. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The provider had measures in place to promote the safety of residents. Improvement however, was required to several areas of documentation such as the medication records, end of life assessment, the complaints policy and staff training and recruitment records. In addition, improvement was required in the management of quarterly returns to the Authority, aspects of the complaints process, manual handling training and management of medication supply.

The building was warm, clean, comfortably furnished and well maintained and residents had access to a safe and secure outdoor area. However, necessary improvement to the layout of the building, which would not meet the requirements of the Regulations and Standards by 1 July 2015, was identified. The provider had previously told the inspector that plans were being prepared to address this, although the plans had not yet been finalised. Measures were also required to ensure that the temperature of the hot water at sanitary facilities was controlled to a safe level.

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:

There was a suitable and informative statement of purpose that met the requirements of the Regulations. It outlined the aims, mission and ethos of the service and clearly described the service provided. The person in charge had made changes to the statement of purpose to reflect recent changes to the management structure and the revised statement was submitted to the Authority shortly after the inspection.

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:

There was an effective management system in place to ensure that the service provided was safe, consistent and adequately monitored. The provider was the Health Service Executive (HSE), represented by the general manager for the Galway and Roscommon

area. The person in charge reported directly to the manager of services for older people, who in turn reported to the general manager. The manager of services for older people held monthly accountability meetings with the directors of nursing in the Galway area. The directors of nursing for HSE older persons services in Mayo, Galway and Roscommon also met every two months to exchange views and information. The person in charge confirmed that she worked closely with the manager of services for older people and could liaise with him as required. The person in charge was supported by a staff team which included nurses, multi-task attendants, catering, driving/maintenance and administration staff. A private catering company provided a contracted catering service in the centre. The contract caterers reported directly to their line manager but worked closely with the person in charge and could raise or discuss any issues relating to residents with her.

There were systems in place to review of the quality and safety of care to residents. These included auditing of systems such as medication management, infection control and care planning care. The person in charge also compiled and graphed weekly reviews of key clinical indicators such as wounds, pain, falls, use of medication, including psychotropic medication, and use of bed rails. Although levels of complaints, accidents and incidents in the centre were low, the person in charge reviewed these events and used this information with a view to improving the service for all residents. For example, it was entered in the complaints register that a resident had recently requested a hot meal on Sunday evenings which was the only day when a cold evening meal was served. In response to this request the menu was reviewed and revised to offer at least one hot meal choice to all residents on Sundays.

The provider ensured adequate resources for staff training, staffing levels and improvements to the centre. There were no resource issues identified on this inspection that impacted on the effective delivery of care.

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 person in charge and provider had ensured that the required information was supplied to residents. There was an informative guide for residents that included the required information. This guide, the statement of purpose and copies of HIQA

inspection reports were readily accessible in the reception area. The person in charge had updated the residents' guide to reflect recent changes in management structure.

A contract of care had been given to each resident or their representative on admission and the person in charge confirmed that all of these had been agreed within the required time frame. The inspector viewed a sample of contracts which had been suitably signed and agreed. The contract set out the services to be provided and the fees being charged for this service. Most of the services supplied to residents were included in the fee although charges applied for some optional services such as hairdressing and private health care consultations. The person in charge had prepared an advisory appendix explaining these optional expenses.

In addition, there were notice boards in prominent places in the centre where information on local events and health care issues was displayed to residents.

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 post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. A new person in charge had been recently appointed, who was suitably qualified and experienced and had sufficient knowledge of her statutory responsibilities. The outgoing person in charge who was still employed in the organisation was available to support the new person in charge during the transition.

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 reviewed a range of documents, including operational policies, insurance certificate, directory of residents and medical, nursing and staff recruitment information. The documents viewed were informative and generally in line with legal requirements. However, some improvement was required to the complaints policy, medication prescribing charts, end of life assessments and staff recruitment and training records.

Entries to the medication records were not consistently signed by the nurse on duty in accordance with the relevant professional guidelines. In a sample of administration charts viewed by the inspectors nurses had not signed to verify that medication had been administered to residents and there was no other information recorded to explain why this medication had been omitted. It was, therefore, not possible to establish whether some residents had received their medication or not. In addition, the documentation of PRN (as required) medication required improvement. In a sample of prescription sheets viewed, the information relating to the maximum allowable doses of these medications within a 24-hour period was not specified. This presented a risk that that an incorrect dose could be administered to a resident in error.

The inspector read a sample of residents' files and found that assessment of residents' end of life care wishes were not well documented, although staff knew residents well and were aware of their preferences. The person in charge acknowledged that improvement was required in assessing residents' end of life wishes and was in the process of providing training to all staff through an external trainer. She stated that on the completion of the training that all end of life assessments would be reviewed.

While, in general, staff had been suitably recruited, some of the required recruitment documentation required by the Regulations was not available for some staff. The inspector read a sample of staff recruitment files and found that there were unexplained gaps in staff employment histories of some staff.

Staff training records were not well maintained. The inspector viewed a sample of staff

training records and found that some of the training that staff had received had not been suitably recorded. The person in charge had recognised this deficit and was working on updating the staff training matrix to reflect all training in which staff had participated.

There were a range of centre-specific policies, which reflected the centre's practice. Policies, procedures and practices were regularly reviewed to ensure the changing needs of residents were met.

The centre was adequately insured against injury to residents. Other risks were insured against, including loss or damage to a resident's property arising from staff negligence

Records were kept securely, while also being easily retrievable and the records views were being kept for the appropriate length of time as required by the Regulations.

A record of all visitors to the centre was maintained.

A record of all visitors to the centre was maintained.

Judgment:

Non Compliant - Moderate

***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 provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days as was established during previous interviews. The person in charge was also aware of this requirement. There were appropriate arrangements in place to manage any such absence.

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:

The provider and person in charge had taken measures to protect residents from being harmed or abused.

There was an informative policy on the management of abuse to guide staff and the person in charge was clear on the management and investigation of allegations of abuse.

The person in charge organised training in detecting and reporting elder abuse and all staff had attended training. Staff who spoke with the inspector confirmed that they had attended this training, were clear on what constituted abuse and were aware of their responsibility to report any allegations of abuse.

There was a policy on managing behaviour that is challenging and several staff had received training in management of behaviours that challenge. At the time of inspection there were no residents with significant behaviours that challenge.

The person in charge was focused on reducing the use of bedrails. However, some residents used bed rails while in bed and the inspector found that this was managed in line with the national policy. Risk assessments investigating the risks associated with the use of bed rails for individual residents had been undertaken and the risks to residents for the use and non-use of the bed rails were evaluated prior to their use. There was a policy to guide staff on the use of restraint. To further reduce the use of bed rails the person in charge had identified the need to provide a low low bed for each resident. Additional low low beds had recently been purchased to achieve this and were being supplied to residents.

At the time of inspection the management team did not retain any residents' cash or valuables for safekeeping. However, there was a system for the secure management residents' finances if required. Secure lockable spaces were available to all residents and there was a policy relating to residents' personal property and possessions.

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):

No actions were required from the previous inspection.

Findings:

The provider had put measures in place to protect the safety of residents, staff and visitors to the centre.

There was an up-to-date health and safety statement in place. There was a risk management policy, which was viewed in conjunction with a risk register, the emergency response plan, and risk related policies on challenging behaviour, falls management, infection control, and resident absconsion. The risk register included a range of risks associated with the centre and their control measures. There was a separate health and safety statement for the catering department. The person in charge explained that a new organisational safety committee was at an advanced stage of development and would be established in May 2015 and that all staff would be involved in this initiative.

Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Fire drills were carried out in the centre every six months and records were maintained. All staff had been involved in these drills. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. The inspector viewed up to date fire servicing records, which showed that equipment, including fire extinguishers, fire alarms and emergency lighting had been regularly serviced. There were additional records to indicate that checks, such as weekly checks of emergency lighting, escape routes, fire notices and alarm systems, were being carried out in addition to monthly checks of fire fighting equipment. At the time of inspection all fire escape routes were free from obstruction. Fire action notices were displayed throughout the building. There was written confirmation from a competent person that all the requirements of the statutory fire authority were complied with.

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 and included details of emergency accommodation.

The provider had ensured that all staff received up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Measures were in place to reduce accidents and promote residents' mobility including safe floor covering and handrails on corridors to promote independence. The environment was clean and staff were well informed of infection control measures.

Judgment:
Compliant

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

Findings:
While the inspector had found good practice in relation to medication management, there was some improvement required in relation to the availability of prescribed medication. Improvement was required to the documentation of PRN (as required) prescriptions and recording of nurses signatures for verification. These are further discussed in outcome 5.

The stock keeping of residents' medication was not suitably managed to ensure that medications were consistently ordered from the pharmacist in sufficient time to ensure that each resident's supply of medication was available as required. Due to the island location of the centre, the supplying pharmacy was located on the mainland and this sometimes impacted on the supply of medication to residents. Staff told the inspector that, while prescriptions were normally readily available, there were some instances when medication could not be delivered when the island became isolated due to bad weather conditions. There were some instances recorded in the administration charts where residents' medication had not been administered as it was not in stock. One resident had not received a prescribed medication for seven days.

The inspector read a sample of completed prescription and administration records and saw that they were clear, legible and in line with professional guidelines. Residents' prescriptions, including discontinued medications, were individually signed by the general practitioner (GP). There was evidence that three-monthly, or more frequent, reviews of residents' medication were carried out.

Medication was suitably and safely stored. Each resident's medications were individually stored in named containers in the medication trolley. Medications that required strict control measures were carefully managed and securely stored. Nurses kept a register of medications that required strict control measures The stock balance was checked, recorded and signed by two nurses at each change of shift and were also checked and

recorded at time of administration. The inspector checked a sample balance which was found to be correct. A fridge was provided for medications that required specific temperature control. The temperature, which was within acceptable limits, was monitored daily. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the requirement to make notification of certain occurrences to the Authority within a specified time. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. As the level of accidents/incidents was low and there had been no serious accidents, wounds or pressure ulcers, there had been no recent events that required notification. Quarterly notifications had been suitably submitted to the Authority as required.

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):

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

Findings:

The inspector found that residents' healthcare needs were well met. Residents had good access to GP and health care professionals and there were levels of recreational opportunities and social inclusion provided to all residents. Residents' healthcare needs were assessed and monitored and informative care plans were developed to guide the delivery of care.

Residents had good access to GP services including out-of-hours GP cover. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. Residents had access to a range of health care services, including dietetic services, chiropody, occupational therapy, physiotherapy, diabetic care and psychiatry. Residents could avail of these services in the centre. The person in charge could also arrange optical and dental checks in the centre if required. The person in charge had strived to ensure the delivery of health care appointments in the centre to minimise residents having to undertake the long journey to the mainland for hospital appointments. In addition, there was a community 'medilink' facility in the centre by which consultations with participating health care specialists could take place remotely. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. Nursing notes were recorded every day and night.

Comprehensive assessments had been carried out for all residents. Staff had carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed informative care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or more frequently when required by the changing needs of the residents. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risk, risk of developing pressure ulcers and mobility issues and found that they were completed to a high standard. Staff who spoke with the inspectors knew the residents well and were very aware of each resident's health care requirements.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

During previous inspections the building was found to be clean, bright and well maintained throughout, with a variety of comfortably furnished communal space and adequate numbers of baths, showers and toilets for residents' and staff use. All bedrooms were spacious and had en suite toilets, showers, wash-hand basins and call bells. On this inspection, the inspector found that this standard continued to be maintained. However, structural improvements were required to bring the centre into compliance with the requirements of the Regulations as some parts of the building were not designed and laid out to fully meet the needs of residents.

Since the last inspection the provider had carried out some improvements to the building and additional work to improve the comfort of residents was to commence in the near future. The building had been repainted, both internally and externally, and new floor covering had been provided in the corridors. There were plans to fully refurbish the small sitting room and the palliative care room in the near future to increase the levels of comfort for residents and their families. The person in charge explained that it was intended to decorate these rooms more appropriately and that an old-style tea-room theme was planned for the sitting room. The centre had a secure courtyard garden and seating area and residents spent time outdoors when the weather was fine. There were plans to upgrade this area prior to the summer and a landscaping plan was being developed.

Bedrooms were bright and comfortable with adequate wardrobe space. Each resident had a bedside locker with a lockable drawer for valuables. However, adequate private accommodation was not provided for some residents. There were two multi-occupancy rooms which each accommodated three residents. They were well laid out and spacious, with screening curtains around all beds for privacy. These rooms did not meet the occupancy and privacy requirements of the Regulations and standards. The provider had previously acknowledged this deficit and told the inspector that improvement works to address this issue would be undertaken. The person in charge stated that the HSE were at an advanced stage of developing a plan although there was no evidence that the plan had been finalised.

The piped hot water supply serving wash hand basins and sanitary facilities had not been fitted with thermostatic control valves or other suitable anti-scalding protection and, at the time of inspection, this water was very hot.

There was adequate storage space and the inspector noted that equipment and materials were safely and securely stored. There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing records which confirmed that equipment was in good working order. However, while there was record that the central heating system had been regularly serviced, there was no evidence available to verify that the person responsible for the servicing had the necessary qualifications.

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):

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

Findings:

There was evidence of good complaints management, although improvement to the independent appeals process and the procedure for reviewing of complaints was required. There was a complaints policy in place and a complaints procedure, which was displayed in the reception area. However, there was a lack of clarity around the identification of the person involved in the independent appeals process and the person who was responsible for ensuring that all complaints were appropriately addressed. There was different information supplied in the policy and the statement of purpose as to who had the role of independent appeals person. In addition, the person who was responsible for ensuring that all complaints were appropriately responded to was identified differently in the complaints policy and statement of purpose.

The inspector viewed the complaints register and found that there had been a very small number of complaints since the last inspection. The complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants. The person in charge kept the complaints register under review for the purpose of learning and she maintained a complaint satisfaction log.

There was no evidence that would indicate that any resident who had made a complaint had been adversely affected by reason of the complaint having been made.

Judgment:

Non Compliant - Moderate

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:

The inspector found that caring for a resident at end-of-life was regarded as an important part of the care service provided and that care provided to residents approaching end of life was to a good standard.

Staff confirmed that the centre had access to a palliative care team as required who guided staff in areas such as care of symptoms and pain management and provided support to families. The GP also came to the centre regularly to review residents' medical care needs, including end of life care. The inspector read a sample of residents' files and found that assessment of residents' end of life care wishes were not well documented, although staff knew residents well and were aware of their preferences. This is further discussed in outcome 5. The person in charge had identified that improvement was required in assessing residents' end of life wishes and preferences. To address this she had arranged for training in assessing what matters to residents at end of life to be delivered to staff in the centre. Five staff had recently received this training and it was planned for all other staff to receive it in the near future. The person in charge stated that it is planned to update end of life assessments after the training.

Most residents had recently attended a course which the person in charge had arranged in the centre. The course, Aosú le Muinín (Ageing with Confidence) was delivered through the Irish language, which is the spoken language in the area.

Residents' spiritual needs were well met at end of life. A priest came to the centre most days to meet with residents and was available at any time to support residents at end of life and their families. Mass was celebrated in the centre at least once each week and the sacrament of the sick was administered monthly and as required. Deceased residents could be reposed in the oratory or in their rooms before being transferred to the family home as was the tradition on the island. This gave other residents and staff an opportunity to pay their respects and pray for the deceased resident.

There were measures in place to respect residents' privacy and dignity at end of life. There were two rooms in the centre retained for palliative care, which could be occupied either by a member of the community who was transferred to the centre for end of life care or by a resident who had been previously accommodated in a shared room in the centre.

The person in charge and staff ensured that family and friends could spend time with a resident approaching end of life. There was ample communal and private space and there was a comfortable visitors' room available for relatives who wanted to stay overnight. Visitors also had access to tea and coffee making facilities. Relatives who wished to stay overnight in the centre were offered a vacant room if there was one available. There were plans to upgrade the palliative care facilities in the centre to increase the comfort of residents and their visitors. Bereavement support information was available to families.

No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

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):

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

Findings:

The inspector found that residents received a nutritious and varied diet that included choice at mealtimes, in a way that met their needs. Food was suitably prepared, cooked and served.

A private catering company had been contracted by the provider to prepare meals for residents and this company worked in conjunction with the person in charge and nursing staff. The menu offered two main meal choices each day as well as hot and cold evening tea options although alternatives would be arranged for residents who wanted something else to eat. The menu had been revised since the last inspection and offered varied main courses which had been nutritionally assessed by the catering company's dietician.

The kitchen was well organised and there was a plentiful supply of fresh and frozen food. The chef told the inspector of residents' likes, dislikes and dietary needs. Up-to-date dietary information which had been supplied by nursing staff was also documented in the kitchen. Some residents required special diets or modified consistency foods and these were provided for them. The chef adjusted meals with regard to health issues such as diabetes and weight control. Staff were aware of residents' special dietary requirements and were knowledgeable of how these meals would be served to

residents. The inspector noted that they had the same choices as other residents and the food was suitably presented. Residents were offered a variety of snacks throughout the day, including drinks, soup, fruit and baked products. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night. During the last inspection, improvement to the choices of deserts for all residents, including residents with specific dietary needs, was required and this had been addressed. The menu now included a variety of interesting and appetising desserts and the chef prepared baked products for residents with special dietary needs.

Most residents took their meals in the dining room. There were sufficient staff present in the dining room at mealtimes to support and encourage residents with dining. The inspector noted that staff provided assistance to residents in an appropriate way. A selection of drinks was available to residents at mealtimes and drinks were offered regularly throughout the day.

Processes were in place to ensure residents did not experience poor nutrition and hydration. There was a policy for the monitoring and documentation of nutritional intake which was implemented in practice. The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files. Improvement to the documentation of nutritional records was required at the last inspection and this had been addressed.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' privacy, dignity, autonomy and religious rights were supported and promoted.

Many residents occupied single rooms but in rooms that were shared screening curtains were fitted around beds to provide privacy as required. Each resident had his/her own individual toiletries. The inspector observed staff interacting with residents in a courteous manner.

Residents' civil and religious rights were respected. Roman Catholicism was the only religion being practiced in the centre at the time of inspection, but arrangements were in place for residents of all religious denominations to practice their religious beliefs as required. Mass took place in the centre each Sunday and the parish priest called each First Friday to meet and pray with residents and to administer the Sacrament of the Sick. Another priest also visited the residents most days. The person in charge stated that all residents were offered the opportunity to vote. She had made arrangements for in-house voting. Residents also had the option of going out to vote at the local school, using the centre's bus, if they preferred.

There was no formal residents' committee but staff had systems for consulting with residents. Staff explained that they discussed residents' views with them during the course of day-to-day care and during care plan reviews. The person in charge knew the residents well and spent time talking to them each day. There were also two suggestion boxes in prominent locations. The person in charge was at an advanced stage of finalising advocacy arrangements for residents in the centre. It was arranged for an advocate to come to the centre every six to eight weeks to advocate for the residents and to seek their views and opinions. It was also planned that that a residents committee would be formed as part of this process.

During previous inspections, the inspector found that residents had a varied and interesting day and that staff were attentive to the needs of residents. On this inspection the inspector found that a good level of social care continued to be available to residents and that the person in charge had taken measures to improve this aspect of care. The person in charge had recently completed training in delivering a form of therapy suitable residents with dementia and cognitive impairment and she had commenced providing this therapy to residents. Three additional staff members were receiving this training and when completed, the person in charge planned for them to work more extensively with residents with dementia, both individually and in small groups. Some staff had also received training in 'Fit for Life' and did some chair exercised with residents each day.

The person in charge encouraged and supported residents' interaction in the local community. As the centre had a bus and driver, residents had good access to outings and events in the local area. For example, she explained that the driver brought residents home to their families for visits and for drives around the island. Some residents attend a summer show in the community each year and a group of residents had gone to a local bar to watch the All-Ireland final. Arrangements were also in place for interaction with the local community to take place within the centre. For example, school children visited the centre each week when they chatted to residents, sang, played music and organised events such as a teddy bears' picnic. The week before the inspection, a drama group came to the centre and performed their show 'An saol mar a bhí' (life as it was) which is a reminiscence of past times presented through storytelling, music, Irish dancing and song. A group of approximately five local people came to the

centre twice each week for day care and they interacted and dined with the residents. The Burning Bright project for involving older people in art was in progress. It was a ten week project, which was attended by residents and day care visitors and this year the focus was on pottery. Residents had participated in this project in previous years and their works were displayed in the centre.

Residents' independence was promoted by staff. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them. Contact with family members was encouraged and there were several areas where residents could meet their visitors, including a private visiting room. There were facilities for visitors to make refreshments as required.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing/drying and sorting of residents clothing. The inspector found that good care was taken of residents' clothes which were labelled discreetly to ensure that they were not mislaid in the laundry process. There was no feedback from residents and relatives to indicate that that clothing had been mislaid or damaged.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. Staff had access to education and training to deliver this care, however, up to date manual training had not been provided to all staff.

The provider had ensured that all staff had received mandatory training, including training in moving and handling and this was confirmed by training records. However, at the time of inspection the manual handling training was not up to date for some staff and the time the training remained valid for had recently expired for several staff. The person in charge was in the process of organising additional training and was arranging for an external trainer to come to the centre to train a group of staff but the date of the training had not been confirmed. Manual handling assessments had been carried out for all residents.

Training records indicated and staff confirmed that staff had attended other training, such as training in restraint management, care planning and continence care, in addition to mandatory training. The person in charge explained that the location of the centre presented a challenge to staff attending training in the mainland, and for this reason she was sourcing training which could be delivered in the centre in 2015. The inspector found that staff training records were not well maintained and the person in charge was working to update the training matrix to accurately record all training in which staff had participated. This is further discussed in outcome 5.

On the day of inspection, there was an adequate number of staff on duty throughout the day. The inspector reviewed staffing duty rosters and found that these were consistent with the normal staffing levels. Residents' dependency levels were assessed using a validated tool and the person in charge used this to decide on appropriate staffing levels. Staff confirmed that additional staff would be rostered for duty in response to residents' changing needs.

Judgment:

Non Compliant - Moderate

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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:

Jackie Warren
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:	Arás Ronáin Community Nursing Unit
Centre ID:	OSV-0000628
Date of inspection:	27/04/2015
Date of response:	19/06/2015

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:

Entries to the medication administration records were not consistently signed by the nurse on duty in accordance with relevant professional guidelines.

In a sample of prescription sheets, guidance relating to the maximum allowable doses of these medications within a 24-hour period was not specified.

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

Assessment of residents' end of life care wishes were not well documented.

Staff training records were not well maintained and records of some training which staff had received were not being maintained.

All the required recruitment documentation was not available for some staff. There were unexplained gaps in staff employment histories of some staff.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All drug charts are signed as required on administered medication. Completed. The Person in Charge has commenced a monthly auditing system to ensure this standard is complied with on an ongoing basis. The GP has entered a maximum dose over 24 hours for PRN medication. Complete. All residents care plans will include a care plan on end of life care wishes. Ongoing. We have commenced a training matrix for all staff to record training. Completed
All staff are completing a Education and Employment history template. Ongoing.

Proposed Timescale: 30/06/2015

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:

There were some instances when medication could not be delivered when the island became isolated due to bad weather conditions and residents' medication had not been administered as it was not in stock.

Action Required:

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

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

The pharmacy and GP have agreed that re-ordering will be done when we get to 7 day supply to ensure that there is always stock available in case of circumstances such as bad weather. Completed

Proposed Timescale: 25/05/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Quarterly notifications had not been consistently submitted to the Authority as required.

Action Required:

Under Regulation 31(4) you are required to: Where no report is required under regulation 31(1) or 31(3), report this to the Chief Inspector at the end of each 6 month period.

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

All notifications are up to date and have been emailed to the relevant personnel.

Proposed Timescale: 01/05/2015 and resubmitted 11/06/2015

Proposed Timescale: 11/06/2015

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:

Some parts of the building were not designed and laid out to fully meet the needs of residents.

There was no evidence available to verify that the person responsible for the servicing of the central heating system had the necessary qualifications.

The piped hot water supply serving wash hand basins and sanitary facilities had not been fitted with thermostatic control valves or other suitable anti-scalding protection.

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:

In an ongoing discussion with the Registered Provider to provide a clear plan and timescale for the proposed work required to fulfil this regulatory requirement. The person servicing the central heating system has verified and certified his qualification. Completed. A copy of this certification has been sent as requested. The maintenance department is fitting thermostatic control valves to all taps. Ongoing.

Proposed Timescale: 30/06/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The person involved in the independent appeals process was not clearly identified. There was different information supplied in the policy and the statement of purpose as to who had the role of independent appeals person.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The person identified in appeals process is now clearly identified in the statement of purpose and the policy and both correspond. Completed

Proposed Timescale: 24/05/2015

Theme:

Person-centred care and support

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

The person who was responsible for ensuring that all complaints were appropriately responded to was identified differently in the complaints policy and statement of purpose.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The person responsible for ensuring complaints is appropriately responded to have been identified and correspond in both the complaints policy and statement of purpose. Completed

Proposed Timescale: 24/05/2015

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Some staff had not received up to date training in moving and handling and the time within which the training remained valid had recently expired for several staff.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training dates are scheduled for all staff to attend.

Proposed Timescale: 26/06/2015