

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Ghaoth Dobhair
Centre ID:	OSV-0000311
Centre address:	Meenaniller, Derrybeg, Donegal.
Telephone number:	074 956 0624
Email address:	gcoyle@arasgaothdobhair.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bainistíocht Aras Ghaoth Dobhair Teoranta
Provider Nominee:	John McDevitt
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	40
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 February 2015 10:30	11 February 2015 19:00
12 February 2015 08:30	12 February 2015 16:30

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

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

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. This was the seventh inspection of this centre undertaken by the Authority. During the inspection, the inspector reviewed documentation submitted by the provider and person in charge since the last inspection, talked with residents, relatives and staff members, observed the delivery of care and reviewed documentation such as care plans, medical records, accident/incident reports, policies and procedures and staff files.

Care, nursing staff and catering staff were well informed and conveyed a

comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted through supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged in social activity. Residents and relatives who returned questionnaires to the Authority indicated a high level of satisfaction with the service particularly the dedication and commitment of staff to provide high standards of care. In all two residents and six relatives completed the pre-inspection questionnaires. A review of these found that residents and relatives were positive in their feedback about the facilities, the availability of staff, their positive attitudes and dedication to residents well being. There was one concern expressed about the availability of staff during the day. Relatives indicated that they received adequate information prior to admissions being arranged which helped them make informed decisions. They knew how to make a complaint and indicated that staff were readily available to talk to and treated residents with respect and promoted their dignity. There was an ongoing training programme for staff and all staff had completed training in the mandatory topics of adult protection, moving and handling and fire safety.

The residents that the inspector talked to during the inspection were complimentary about their day to day life experiences, the meals provided, the activities available and the care provided by the staff team. Comments included "I have a good time here and there is plenty to do", " we are all treated well, the staff are very caring" and "staff go out of their way to help and I don't have to wait long for attention".

The centre is comprised of two units The inspector noted that there was good access to local medical services including mental health services and that residents had good support from allied health professionals. There were regular reviews of medication and the inspector saw that there was a coordinated approach to ensuring that residents were informed about their medication and that medication was reduced where this was possible. There was a social activity programme available and residents said they could participate or not depending on their interests.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The centre was clean and well organised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated.

The person in charge was interviewed at the time of initial registration and her fitness was determined at that time. The ongoing fitness of the provider and person in charge will continue to be determined by ongoing regulatory work that includes further inspections to assess compliance with actions identified during inspections. The person in charge and her deputy demonstrated their knowledge of the legislation and standards throughout the inspection process. The provider representative attended the feedback meeting and the inspector found that there was a strong commitment to ensure compliance with current legislation.

The centre provided a welcoming and home like environment for residents. It is

comprised of two distinct units- one area provides general nursing care for 21 residents and the other is devoted to the care of people with dementia and accommodates 20 residents some of whom are admitted for periods of respite care. Each unit has several sitting areas where residents could sit together or they could choose to spend time in quieter rooms. The building was comfortably warm, very light and well decorated.

The last inspection of the centre was an unannounced monitoring inspection conducted on 19/20 February 2014. Overall, substantial compliance was found in many outcomes. There were improvements required to the system for assessing dependency levels particularly where people had dementia, care plans required improvement to reflect changing needs and circumstances and moving and handling assessments did not outline the type of equipment to be used. These areas were reviewed during this inspection and were found to have been addressed. There is an ongoing premises non compliance which remains outstanding. The centre has four multiple occupancy rooms that accommodate four residents. While these rooms were large and provided a good allocation of personal space the layouts do not meet the Authority's specifications for personal space and compromise how privacy and dignity can be maintained. An action plan in this report requires the provider to advise the Authority of how the required standards for the premises will be met.

In addition the following improvements were noted to need attention to comply with current legislation:

- aspects of restraint management required review to adhere to the national policy on promoting a restraint free environment
- some documentation such as the complaints procedure required review to reflect the way complaints were addressed in the centre
- aspects of the way communal space was used required review to ensure that residents had appropriate privacy and could use dining and sitting room space in comfort.

These and other areas for improvement are further discussed in the body of the report .The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had submitted a revised statement of purpose as part of the application to register. This was found to contain all the required information described in schedule 2 but the information related to complaints management required review to accurately describe the appeals process.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There is a clearly defined management structure that identifies the lines of authority and accountability. The person in charge is supported by a clinical nurse manager and a team of staff nurses. One of the directors was nominated to act as provider at the time of the first registration and continues to hold this role.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed annually as required. A report of the review of the quality and safety of care delivered to residents during 2014 in accordance with regulation 23(d) Governance and Management was available. This included consultation with residents and their families as required. The inspector reviewed this report and found that while a range of quality initiative such as the introduction of a nutrition committee and adherence to mandatory training requirements were described there was no reflection on the impact of these initiatives on the care provided or that objectives set had been achieved.

There was evidence of ongoing improvements to the service. The provider had a plan for improving the facilities during 2015 and this included the installation of a tracking hoist system in some single bedrooms.

A copy of the report was made available to the inspector as required.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A comprehensive resident's guide detailing a summary of the services provided was available.

An action plan in the last report required that the provider identify any services for which additional charges applied. This had been addressed. The inspector viewed a sample of four contracts of care issued to residents and found that there was an agreed written contract in place which included details of the services to be provided to the resident, the fee payable by the resident and any charges made for additional services.

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:

There had been no change to the role of person in charge since the previous registration. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full time in the centre.

She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards. She had engaged in continuous professional development in the previous 12 months and had extended her knowledge in areas such as nutrition, end of life care and dementia care. She confirmed that she kept up to date by attending conferences on topics of interest.

She was aware of the challenge presented by the premises issues and had discussed the compliance issues with the directors. She was involved in all discussions regarding the service and said that there was a commitment to ensuring the matter was addressed.

Her mandatory training in adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre had a well established and generally well organised administration system. The inspector reviewed a range of documents, including residents' care records, staff records, the directory of residents, insurance certificates, financial records, duty rotas and training records. The inspector found that overall records were maintained in a manner so as to ensure completeness and accuracy. Some improvements were required including that the directory of residents was noted to have minor omissions such as a lack of information on any funding authority that arranged the admission where this applied and the sex of the resident. Schedule 2 records – the documents to be held in respect of staff employed, were available but in the sample of files examined the information was difficult to find and needed reorganisation to ensure ease of retrieval of the required information.

Accident reports required improvement as the actions taken following an event were not always described clearly. For example, where falls were not witnessed or where residents were described as having hit their heads there was no indication that neurological observations had been completed to detect deterioration and prevent further complications in accordance with good falls management practice. There was also a lack of information on what first aid measures had been applied, if medical intervention had been sought and there were some records that described "slips" from chairs that had not been witnessed. The inspector found that reports did not describe factual and substantiated information of the situation that was found or describe the range of actions taken by staff following the event.

The inspector reviewed a sample of the Schedule 5 policies and found that they were comprehensive and provided guidance to staff. All the required policies were available and staff knew where to access policies and procedures when they needed to refer to them.

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:

Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager deputised in the absence of the person in charge. She normally worked part time but worked increased hours when covering any absences of the person in charge.

The inspector found that that she had engaged in continuous professional development and was familiar with the legal responsibilities of the person in charge including requirements in relation to the submission of notifications to the Chief Inspector. She was familiar with the care needs of residents, knew which residents had fluctuating illnesses or changeable behaviour patterns and had an active role in both units when on duty.

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):

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received training in adult protection to safeguard residents so as to protect them from harm and abuse. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation.

There was a visitors' record located in the reception area at the main entrance. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspector spoke to and those who had completed questionnaires reported that they felt safe in the centre. They indicated that staff availability, the call bell system, the use of closed circuit television at the entrance and the general premises arrangements all contributed to this.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as

bed rails was underpinned by an assessment however the inspector found that the format for the assessments needed review. There was a lack of information on why the measure was needed which according to staff was usually to protect residents from falling out of bed. In the sample of restraint assessments reviewed the inspector found that the information available did not support the use of equipment such as bed rails and many were put in place at the request of residents or relatives. The use of bedrails was reassessed periodically however at the time of this inspection a considerable number of residents (20 out of 21) in the general unit had bedrails in situ. In the dementia care unit there was very little use of bedrails with only one resident recorded as using this equipment.

There was evidence that discussion had taken place with the resident, his/her representatives and that these measures had been requested. However, the information did not indicate that the hazards associated with such equipment had been fully explained or that the restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe. There was little evidence of allied health professional input and no information on what alternatives for example low low beds had been trialled prior to the restraint measure being used.

There were some residents with fluctuating behaviour patterns that required intensive staff input at times. The inspector saw that one to one care was provided where required and that interventions were put in place to minimise disruption to other residents. There was a policy that provided staff with guidance on how to manage behaviours that challenge and staff had training from community health nurse specialists in dementia care that also provided them with additional skills to manage such behaviour effectively in a manner that protected the dignity of the resident.

Judgment:

Non Compliant - Moderate

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

Theme:

Safe care and support

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

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

Findings:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement dated December 2014 which had been signed by the nominated provider. A comprehensive risk management policy that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and a

risk register that outlined specific risks including a range of clinical risks. The general hazard areas identified included moving and handling, hot surfaces, stress, the management of sharps, accidents and incidents, movement of vehicles and site security. The clinical risks identified included falls, skin vulnerability and compromised nutrition status. There were good outlines of the risks presented and the control measures in place.

An emergency plan was in place to guide staff on to how to respond to serious untoward incidents. This procedure needed amendment as it did not indicate where residents could be evacuated to in such a situation although staff were aware that they could access the nearby day care building or the nearest community hospital.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were good supplies of personal protective equipment available in both units.

Accidents and incidents were recorded and were reviewed quarterly. The analysis undertaken described the number and nature of events and the time they took place. However there was no information on circumstances that could have contributed to the incident or future prevention measures as part of a learning culture from serious incidents/adverse events involving residents. An action plan in relation to accident reports was outlined in outcome 5-Documentation.

Measures were in place to prevent accidents in the centre and grounds. The building was generally clutter free and external areas were flat and well maintained. There were grab rails on each side of hallways and in bathrooms and toilets. Manual handling assessments were available, were up to date and reflected resident's dependency and included the type of hoist to be used as required in an action plan in the last report. All staff was trained in moving and handling of residents and the procedures for risk management outlined the time frames for moving and handling training and refresher courses.

Equipment was observed to be stored safely and securely in most areas with the exception of the dementia unit where hoists were stored in a hallway recess which detracted from the domestic home like environment and was a potential trip hazard as many residents walked around the hallways unaided. Personal protective equipment such as gloves and aprons were stored in bedroom areas which could present a hazard to residents who have cognitive impairment. The inspector was told that staff do assess the risk associated with this however in view of the number of residents admitted for respite care whose needs may alter between admissions this arrangement should be reviewed in the context of known associated hazards with such equipment.

All staff were trained in what to do in the event of a fire. The maintenance man has a lead role for health, safety and fire management. He was very familiar with all areas of the service and the client group. Staff described their training to the inspector. They described how they were taught to look for people in the building, find fire extinguishers

and move people through fire doors to ensure their safety. They knew what to do in the event of a resident's clothing catching fire and fire blankets were available to use in such situations. Regular fire drills were completed as part of the weekly fire alarm check. The local fire brigade had completed training in the centre and were familiar with the building layout.

The fire alarm was serviced on a quarterly basis, a list of fire fighting equipment was available and was serviced on an annual basis as required. There were adequate means of escape and fire exits were noted to be unobstructed. There was a daily check to ensure that they were free at all times. Fire exit routes were clearly marked and the fire procedure was displayed.

The centre had a missing person procedure and there were safety measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and the dementia unit was secure. The inspector was told that missing person drills were organised regularly to ensure staff knew what actions to take in such as situation. There had been an incident where a resident had left the building through an open side door and was found outside after a short period. Since then there were regular checks that all doors were securely locked when not in regular use.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were safe systems in place for the management of medication. There was a large clinical room where the medication trolleys for both units were stored. This area was noted to be clean, well organised and contained clinical equipment and the policies, procedures and good practice guidance that applied to medication management. The fridge used to store medication was clean and functioning at an appropriate temperature which was checked and recorded daily by staff.

Staff were well informed about the medication in use and residents' medication regimes. The inspector found that each resident's medication was reviewed every three months by the GP, specialist services, pharmacists and nursing staff. There was also emphasis on ensuring that medication no longer required by residents was discontinued and some residents were noted to be on minimal or no medication. Professionals who regularly assessed residents were very supportive to the staff team and were complimentary of the staff efforts to ensure medication was appropriate to residents needs. Residents had

a choice of pharmacist and two pharmacists supplied medication to residents at the time of the inspection.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift. There were six residents prescribed analgesic patches and staff monitored and recorded their responses to this medication.

Residents who had conditions that could fluctuate such as epilepsy had supplies of emergency medication available. Training for staff on the administration of such medication was planned and the inspector formed the view that this was a priority as non nursing staff may have to accompany the resident to appointments on occasion and should have the expertise to administer this medication in an emergency. An action plan in relation to this is included in outcome 18-Workforce.

The nurses placed an emphasis on observing residents responses to medication and recorded these observations in the daily records. In the dementia care unit residents were observed closely when taking medication and where problems arose with swallowing medication liquid preparations were used where available. There was considerable attention given to medication management in this unit and the inspector saw that where medication had caused complications that there was extensive reviews and changes to the medication regimes with good outcomes for residents.

The inspector observed a nurse administering medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Staff had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

Judgment:
Compliant

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the notifications supplied to the Authority and the accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre generally adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

There were two events that had not been reported. One incident recorded described where a resident had been found outside an external door. While not classed as a missing person event as the resident had not been away from the centre the inspector found that the resident was actually outside the building during the hours of darkness and that a side door had been left open. Improvements were made to the system for checking doors in the centre to ensure they were locked if not in regular use.

There were times when there had been a loss of power and these instances had not been reported as they had been short term and the centre has a generator that activates within a short period. The inspector discussed the requirement to report "any loss of power" with the person in charge and provider during the feed back meeting.

Judgment:

Substantially 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:

All residents had care plans and the required improvements outlined in the last inspection report had been addressed. There was better information on dependency levels as improvements had been made to how dependency was assessed for example. An assessment of physical care needs and a cognitive assessment were used jointly to inform the judgement of dependency providing a more accurate view of the care needed and the interventions that had to be supplied by staff to ensure residents' needs were

met. Care plans provided a good overview of residents' care and how care was delivered.

On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the range of assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. There was evidence that residents and relatives are involved in care plans and that their views are incorporated into daily care practice. For example, a family's knowledge of a resident's care needs and patterns of behaviour were outlined and were being used by staff to provide care in a meaningful way. Nursing staff could articulate residents care needs comprehensively and it was evident from the conversations the inspector had with them that they identified changes promptly and sought medical advice.

Residents had access to appropriate medical and allied healthcare professionals. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. There were good multidisciplinary working arrangements and the inspector saw that professionals such as dieticians and community mental health nurses contributed to working groups and the training schedule. Regular contact with staff from the team for old age psychiatry ensured that residents with dementia or other mental health problems were reviewed expediently when there were changes in behaviour and mood which had resulted in good outcomes for residents. Residents and staff informed the inspectors they were satisfied with the current healthcare arrangements and service provision.

There was one wound care problem receiving attention. There was a wound management policy which guided the staff in the prevention and management of wounds. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. Staff were well informed on wound care practice. A wound in evidence in November 2014 was noted to have healed successfully.

The inspector saw that staff had good assessment procedures in place to detect vulnerability to wounds and prevent skin breakdown. Skin condition was checked daily where residents were at risk and regular position changes commenced.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements including monthly weights and more frequent monitoring was put in place if fluctuations upwards or downwards were noted. All residents who were vulnerable to weight loss had been assessed and had a nutritional care plan in place. There was one resident who had a significant weight loss during 2014 due to changing health care needs. This situation was now stable following medical and nursing intervention.

The addition of nutritional supplements and fortified foods was outlined in care plans where required. The responses to treatment were described in the regular evaluations/reviews of care plans. Access to appropriate allied health professionals was available and there were extensive records that outlined the advice and guidance to be followed which the inspectors found were being adhered to by staff.

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:

Aras Ghaoth Dobhair is a modern purpose-built, single-storey nursing home that provides care to dependent persons in the catchment area of Dungloe, Aranmore, Burton Port and Creeslough. The centre was built through tripartite funding arrangement between the local community, Udaras Na Gaeltachta and the Health Service Executive (HSE). It can accommodate 41 residents and includes a 20-bedded unit for the care of people with dementia. The centre is located in a Gaeltacht area and Irish is the first language of many of the residents.

The entrance opens onto a bright spacious reception area that has seating for residents and visitors. Each unit has several sitting areas and dining space and is arranged around two secure internal courtyards that have been well cultivated with shrubs and flowerbeds. Bedroom accommodation comprises 17 single bedrooms, four twin bedded rooms and four four-bedded rooms. One single room is designated for palliative care. All bedrooms have en suite toilet and shower facilities. The majority of residents were accommodated in the centre on a long-term basis. There are toilets located to the left of reception and near communal areas. Other facilities include a snoezelan room, a treatment room, a visitors' room, two assisted bathrooms, staff toilets, a staff changing area, laundry and sluice facilities. The building was comfortably warm, clean and odour free.

The action plan related to multiple occupancy rooms outlined in previous reports continues outstanding. The inspector was told that the board of directors was aware of

the need to comply with the Authority's standards and that a plan was required to ensure that this centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan that describes the remedial work and associated costs is required to be submitted to the Authority to ensure compliance in this area post July 2015.

The layout and design of the multi occupancy rooms, although large, detract from efforts to provide for residents' individual and collective needs in a comfortable and homely way on a daily basis. The personal space allocated to residents is protected by mobile screens and there is space for each resident to have an armchair by their bed. The inspector noted that staff used screens diligently when providing personal care. At the time of this inspection all the multiple occupancy rooms were occupied.

All rooms provided storage space for residents' belongings. There was generous space in some bedrooms however in communal rooms this was more restricted particularly where residents may have a lot of personal clothing and possessions. While this was not an issue for residents receiving convalescent, respite or rehabilitative care, it could impact on residents receiving long term care.

There was appropriate equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, call bells, hand rails were in place to support and promote the independence of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use all equipment.

There were suitable and sufficient toilet, bath and shower facilities. Dining and sitting room facilities were adequate, well decorated and attractively furnished. In the dementia unit the inspector found that the use of the communal rooms required review. For example the furniture in the dining room caused some spaces to be confined and some dining tables were difficult to get to or to sit at comfortably. The larger of the two sitting room was hardly used during the evening and many residents sat by the nurses' station. This caused congestion, made it difficult for residents who liked to walk around and did not provide privacy for residents when visitors came to see them. It was also difficult for nursing staff and residents to make telephone calls in private the inspector observed and overall it created an unnecessary noisy environment. The television in this room was in a poor location and could not be viewed by the majority of residents when sitting around the room.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Relatives and residents were aware that there was a complaints procedure in place and although had no cause to complain they felt they could approach the person in charge or any member of staff should they have concerns.</p> <p>Residents that the inspector talked to could describe who they would speak to if they had any issues or wished to make a complaint. The complaints procedure was displayed at the entrance area and described the steps to follow when making a complaint. If not satisfied with the outcome of a complaints investigation an appeal could be made to the provider. However, the information available did not have the contact details to enable this to be achieved and this information conflicted with information provided in the statement of purpose.</p>
<p>Judgment: Non Compliant - Minor</p>

<p><i>Outcome 14: End of Life Care</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector found that caring for residents at end-of-life was regarded as an essential part of the care service provided in the centre and also found that the legislative requirements and good practice standards were met. There were no residents in receipt of end of life care during this inspection.</p> <p>The centre had a dedicated room with ensuite facilities for end of life care. Overnight facilities and refreshments were offered to residents' family members and friends and there was space for a number of people to spend time with residents when end of life care was in progress.</p> <p>The inspector saw that end of life care wishes had been outlined in care records and staff discussed this issue with residents and family members where appropriate during care reviews. The action plan in the last report had been addressed. The finding then</p>

had been that care plans outlined wishes described by family members and did not reflect residents wishes. The inspector found that staff had made good progress in consulting with residents and family members about their end of life wishes. There were issues of capacity to make decisions that staff had to consider as so many residents were highly dependent or had dementia or a combination of complex conditions and staff recognised that decisions made in relation to end of life care were determined by the clinical presentation that prevails in the absence of residents being able to make a decision on their own behalf.

There were procedures in place to assess pain and nurses were familiar with the monitoring tool and pain record in use to ensure analgesia was administered as required and monitored for effective outcomes.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored closely. There was a food and nutrition policy in place which was centre specific. The policy provided detailed guidance to staff and is supported by a range of procedures that included health promotion, the management of fluids and hydration, percutaneous endoscopy nutrition systems, medication management and the care of residents with specific conditions such as diabetes. Staff were familiar and knowledgeable about the policies in place and knew where policy documents were located when they needed to refer to them. This outcome was comprehensively inspected at the last inspection in February 2014 and several good practice initiatives were in place and had been sustained. These included that snack and finger food was provided when beverages were served during the day and that the consistency of foods was determined carefully in accordance with professional guidelines to ensure that residents could eat a normal diet for as long as possible

Residents were consulted about menus and food choices and their preferences were

included in the menu choices.

Residents told the inspector that the food was varied and good quality. The inspector was told that meals were "tasty and always lovely", "as good as any hotel" and also said "we can have a choice and ask for something else at any time". Residents' food likes and dislikes were recorded and kept in the kitchen.

The centre had formed a nutrition group that included catering and care staff and the local Health Service Executive dietician. The inspector reviewed the special dietary requirements of individual residents and saw that information on residents' dietary needs and preferences was maintained in the kitchen. Catering staff were found to be well informed and knowledgeable about specialist diets and worked with care staff to ensure appropriate foods were provided in accordance with assessed requirements.

As described earlier there was a dining room in each unit. The rooms were decorated to a high standard and were attractively furnished. The inspector observed that meals were well presented in appetising individual portions. Staff were seen to assist residents in a manner that protected their dignity during meal times. There were several staff available to serve meals so that no one had to wait for assistance. Staff sat beside residents who needed prompting or assistance to eat and ensured they knew what they were being offered and took time with meals. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing. Snacks, beverages and cold drinks were available throughout the day and staff were observed to remind residents to have a drink and to provide drinks where residents could not assist themselves.

Records reviewed showed that residents' nutritional status was assessed using a recognised evidence based tool and reviewed as necessary. Care plans to address specific nutritional needs were in place and where risk factors such as unintentional weight changes were evident that these were assessed and monitored. The monitoring arrangements including monthly weights and more frequent monitoring was put in place if fluctuations upwards or downwards were noted. All residents who were vulnerable to weight loss had been assessed and had a nutritional care plan in place. Residents have access to Health Service Executive community professionals such as occupational and speech and language therapists.

An action plan in the last report required that remedial action be put in place as care plans did not reflect the extent of weight changes and did not outline trigger points for more rigorous assessments to ensure care practice protected residents' well being had been addressed. The inspector found that where a resident had lost weight there had been significant medical and medication reviews and the situation had now stabilised.

There was a planned menu that provided two choices of cooked meal at midday and in the evening. Nutritious snack options were available to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets. The fortification of food was noted to include yoghurt's, milk puddings and extra butter. Staff had access to kitchen areas to prepare snacks for residents during the night.

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:

The inspector found that residents had access to a range of social opportunities that were suitable to their needs, were age appropriate and reflected their interests. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

Residents who had dementia were noted to be particularly well supported and staff could describe to the inspector how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving residents simple choices, ensuring they had plenty of time to respond to questions, speaking slowly and clearly and encouraging them to participate in familiar activity and in reminiscence sessions that helped them obtain better knowledge about residents' capacity.

There were arrangements in place for consultation with residents on the operation of the service however the inspector was told that due to residents' high level care needs obtaining information could be difficult. There was a well established network with residents' families and they were regularly asked to provide feedback on the service during individual care plan reviews and as part of monitoring the service.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass or have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date

with community events.

There was a range of social events organised by the activity coordinator and the inspector found that social care options were varied and available daily. Music sessions and particularly old time music and singing were very popular. In the dementia unit a sitting room had been decorated with old style furniture and crockery to provide a focus for reminiscence. The inspector saw that some residents had blankets with several textures, old photographs and pictures to further prompt the memory and recall. This had worked well and several residents were noted to sit there comfortably, reflect on past times and sometimes pray there.

Residents records reviewed conveyed that residents' social needs had assessed and their interests recorded. Care staff were noted to engage in one to one activity with residents who could not take part in a group activity and this was noted to be a regular aspect of care interventions.

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:

There were systems in place to safeguard residents' property and money. The inspector reviewed these procedures and found that there were records of personal property and money held for safe keeping. The administrator could describe how finances were managed and had a clear system in place to account for any money held on behalf of residents.

Residents' personal spaces were personalised with photographs, pictures and other personal possessions. Some residents preferred their rooms to be secured when they were out and staff had ensured they had been able to do this.

The laundry was well equipped and clean. There was a system in place to reduce the loss of clothing and residents said that clothing was well cared for and returned to them in good condition.

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):

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

Findings:

The inspector reviewed staffing levels on each unit and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. Staff told the inspector that they worked across both units so that they were familiar with all residents and their care needs. The inspector was satisfied that the day staff allocation was appropriate to meet the needs of residents.

Many residents had a range of complex healthcare issues including dementia and 34 out of the 40 residents accommodated had high to maximum care needs. An action plan in the last report required that a more accurate assessment of dependency levels was put in place to support the allocation of staff numbers and skill mix across both units. This action had been addressed. A more accurate assessment of dependency was available as cognitive care needs as well as physical care needs were both used to make the judgement on dependency. At the last inspection, the inspector discussed the allocation and deployment of night staff in the context of care needs. At night there is one nurse on duty across both units throughout the night. There are three carers on duty until 21.30 and after that there are two carers on duty throughout the night -one carer in each unit. These night staffing levels were the same as those recorded during previous inspections.

Nurses administer medication in both units and remain in the unit (usually the dementia unit) where residents need most attention and care. From the information provided the inspector concluded that there was sufficient staff to meet residents care needs as evidenced during the inspection. However the inspector noted from staff reports and residents care records that there were fluctuations in residents care needs and the level of supervision they required and concluded that staffing levels at night required review on a regular basis to ensure safe and appropriate care can be provided to residents particularly when high levels of supervision are required. The person in charge said that

extra staff had been provided on a temporary basis when a resident's health had deteriorated and extra interventions were required.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit existed among staff. Nurses and carers worked well together the inspector was told. The inspector noted that there was an absence of regular staff meetings which had been a feature in this service in previous years and a supervision structure to ensure that staff were appropriately supervised and individual learning needs were determined was also absent.

The inspector was provided with details of the training that had been provided to staff during 2014. Training had been provided on a range of topics that included: elder abuse and the protection of vulnerable people, fire safety, infection control, food safety and hand hygiene, end of life care, medication management and moving and handling

All staff had up to date training in the mandatory topics- fire safety, adult protection and moving and handling. The inspector noted that a resident was prescribed medication to be administered in an emergency however non nursing staff who may have to accompany the resident did not have training in the administration of this medication and the inspector concluded that this should be provided for all staff responsible for care to the resident. It is acknowledged that staff said that usually the resident is accompanied by nursing staff.

Evidence of professional registration for three nurses was available and current.

Residents were observed to have good relationships with staff and were comfortable and relaxed when staff approached them. Residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspector observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection days.

Judgment:

Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Ghaoth Dobhair
Centre ID:	OSV-0000311
Date of inspection:	11/02/2015 and 12/02/2015
Date of response:	07/05/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The information available in the statement of purpose in relation to complaints required amendment to accurately reflect the appeals process available to residents or their representatives.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The complaints document has been amended to include the appropriate information.

Proposed Timescale: 30/04/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was an annual report compiled in accordance with regulation 23 (d) but the information had not been analysed to determine where improvements could be made or analysed to inform changes to practice.

Action Required:

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

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

All future reports will indicate areas for improvement.

Proposed Timescale: 31/12/2015

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:

The directory of residents was noted to have minor omissions such as a lack of information on any funding authority that arranged the admission where this applied and the sex of the resident.

Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

The records have been amended to include the source of admission. Our particular register does not include a section for gender.

Proposed Timescale: 30/04/2015

Theme:

Governance, Leadership and Management

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

The documents to be held in accordance with schedule 2 in respect of staff employed were available but in the sample of files examined the information was difficult to find and needed reorganisation to ensure ease of retrieval of the required information.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

Staff files will be revised to allow ease of access for relevant information required for the inspection process.

Proposed Timescale: 31/08/2015

Theme:

Governance, Leadership and Management

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

Accident reports required improvement as the actions taken following an event were not always described clearly. Where falls were not witnessed or where residents were described as having hit their heads there was no indication that neurological observations had been completed to detect deterioration and prevent further complications. There was also a lack of information on what first aid measures had been applied.

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:

The accident report form has been amended to ensure the relevant information is recorded.

Proposed Timescale: 30/04/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The information available did not indicate that the hazards associated with equipment had been fully explained or that the restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A complete review of bed rail use will be undertaken including assessment and documentation.

Proposed Timescale: 30/08/2015

Theme:

Safe care and support

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

Where measures such as bed rails were in use to protect residents from falling however the information did not indicate that the hazards associated with such equipment had been fully explained or that the restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A complete review of bed rail use will be undertaken including assessment and documentation.

Proposed Timescale: 30/08/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

An emergency plan needed amendment as it did not guide staff on the evacuation process to an alternative venue should residents need to be evacuated.

Action Required:

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

The Emergency plan has been amended.

Proposed Timescale: 30/04/2015

Theme:

Safe care and support

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

Accidents and incidents were recorded but there was no information on circumstances that could have contributed to the incident or future prevention measures as part of a learning culture from serious incidents/adverse events involving residents.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The Accident/Incident form has been re-designed and these will be audited three monthly.

Proposed Timescale: 30/08/2015

Theme:

Safe care and support

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

Hoists were stored in a hallway recess in the dementia unit which created a potential trip hazard as many residents walked around the hallways unaided. Personal protective equipment such as gloves and aprons were stored in bedroom areas which could present a hazard to residents who have cognitive impairment particularly as there are residents admitted for respite care whose needs may alter between admissions.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The hoist has been removed from the corridor.

Proposed Timescale: 30/04/2015

Outcome 10: Notification of Incidents**Theme:**

Safe care and support

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

There were times when there had been a loss of power and these instances had not been reported as required.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

In the event of any power interruption a notification will be included in the quarterly returns.

Proposed Timescale: 31/07/2015

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:

The action plan related to multiple occupancy rooms outlined in previous reports remains outstanding. There are four bedrooms that accommodate up to four residents and this arrangement of multiple occupancy bedrooms does not meet the Authority's space standards or standards for maintaining privacy and dignity. A final plan that describes the remedial work and associated costs is required to be submitted to the Authority to ensure compliance in this area post July 2015.

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:

The H.S.E. intend to take over ownership of the building in the future. Negotiations have been ongoing between the Management Company and the H.S.E. At a previous meeting the General Manager of the HSE reassured the Management Committee that any development required to reduce the multi occupancy room size would be carried out by the HSE. We are awaiting another meeting with the HSE to progress this further.

Proposed Timescale: 31/07/2015

Theme:

Effective care and support

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

The use of the communal rooms required review. The furniture in the dining room caused some spaces to be confined and some dining tables were difficult to get to or to sit at comfortably. One sitting room was underused in the evening with many residents sitting by the nurses' station which caused congestion, made it difficult for residents who liked to walk around, did not provide privacy for residents when visitors came to see them and created an unnecessarily noisy environment. The television could not be viewed by the majority of residents when sitting around the room.

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:

The dining room will be re-organised to allow a more comfortable environment for the residents. Residents and visitors will be encouraged to use both sitting rooms. A new television will be repositioned to allow better visibility to all residents using the sitting room.

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 complaints procedure required revision to clearly outline the appeals process as there was conflicting information on how to appeal and no contact details were outlined for the provider.

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:

This has been addressed at Outcome 01.

Proposed Timescale: 30/04/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staffing levels at night required review on a regular basis to ensure safe and appropriate care can be provided to residents particularly when high levels of supervision are required.

Action Required:

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

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

Staffing levels are constantly under review. On occasion where increased supervision was required extra staff were rostered. Dependency levels are reviewed regularly and the Person In Charge works occasionally on nightduty to monitor that residents needs are met overnight.

Proposed Timescale: 30/04/2015 and Ongoing

Proposed Timescale: 30/04/2015

Theme:

Workforce

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

There was no regular arrangement for staff meetings or for formal supervision of nurses and carers.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

An initial staff meeting has been organised within the next month.

Proposed Timescale: 30/06/2015

Theme:

Workforce

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

Training for staff was required to ensure that emergency medication could be administered when required.

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:

Staff will be trained in response to emergency.

Proposed Timescale: 30/09/2015