Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Áras Mhic Dara Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Barrarderry, Carraroe, Galway
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0000626
Fieldwork ID:	MON-0037171

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Aras Mhic Dara is a community nursing unit located 30km's from Galway city, in the Gealtacht town of Carraroe. Aras Mhic Dara provides residential and respite services to the people of south Connemara. The centre provides accommodation for 34 residents. The centre has spacious living and dining accommodation. Aras Mhic Dara aims to provide high quality care based on best available practice. The ethos of the centre is to provide holistic care to residents ensuring treatment with respect, dignity and accorded the right to privacy in a friendly and homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 29 June 2022	10:00hrs to 18:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Resident feedback on the service received in the centre was positive. The residents had high praise for the staff that were attending to their care needs. The residents had been through a difficult time during the COVID-19 outbreak that occurred in the centre but expressed gratitude to all of the staff for keeping them safe. The residents felt that the staff caring for them were familiar with their needs, and knew their likes and dislikes. Residents reported satisfaction with the length of time it took to have their call bells answered when seeking assistance. Residents were satisfied with the food and the choices available.

On arrival to the centre, the inspector walked the premises with the person in charge. Multiple residents were sitting in the large communal day room having had their breakfast. This communal room was occupied by residents throughout the day. The inspector spent time in this room chatting with residents and observing the interactions between staff and residents. The atmosphere was welcoming. The room was supervised by a member of staff at all times. Throughout the day, staff in this room spent time sitting and chatting with residents. Drinks and snacks were offered to all on a regular basis. In the afternoon, some residents were seen enjoying fresh fruit smoothies, others a pint of their favourite alcoholic beverage. The inspector observed that residents were not rushed. For example; residents that were able to walk from the communal sitting room out to the dining room, were encouraged to do so. The inspector observed a resident in distress, calling out for attention. The staff member was patient and kind in their interaction and used a tone of voice that offered reassurance to the resident.

Residents movement in the centre was unrestricted. There were a variety of small communal rooms that were available should residents wish to spend time outside of their bedrooms. There were two enclosed courtyards. On the day of inspection, one was closed due to repair of pathways. The second garden was open. The inspector met with a resident at the front of the centre who was watering the potted flowers. The resident told the inspector about how they liked to carry out small jobs and had taken on this responsibility and enjoyed the job.

As previously stated, the centre had experienced a COVID-19 outbreak. On the day of inspection, a number of new suspicious cases had been reported and as a result a small number of residents were in isolation as precautionary measure awaiting testing. While the inspector did not engage directly with any of the residents in isolation, the inspector did observe that staff checked on them frequently. Following the inspection, all suspicious cases returned as not detected.

Residents that had a positive COVID-19 result and had recovered, reported feeling isolated when they had to remain in their bedrooms. Although the days were long, the residents reported that the staff did call into them regularly to check if they were in need of any attention. A resident who smoked told the inspector that the staff had facilitated them to go outside for a cigarette. This small task had helped to pass

the long days. The residents were very clear in their understanding of why protective measures were taken. Residents had found the visiting restriction in place very difficult and were delighted that the centre had returned to open visiting.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk-based inspection undertaken to follow up on the previous inspection findings from April 2021. The Inspector found that the centre was sufficiently resourced. The inspector found that overall, the systems in place that ensure effective oversight of monitoring of the service provided was inadequate. This was evidenced by:

- The auditing system in place did not identify the areas of risk found during this inspection.
- Staff records reviewed did not have all the information required under Schedule 2 of the regulations.
- Training records provided on the day of inspection evidenced gaps in the provision of appropriate training.
- The Inspector found repeated non-compliance with the regulations reviewed; and that the compliance plan response to the previous inspection findings had not been implemented. The inspector found that Regulation 21; Records, Regulations 23; Governance and Management, Regulation 28; Fire precautions, Regulation 5; Individual assessment and care planning and Regulation 9; Residents' Rights remain either substantially compliant or not complaint.

The Health Service Executive is the registered provider of Aras Mhic Dara Community Nursing Unit. The centre is registered to accommodate 34 residents in both single and double-occupancy bedrooms. There was a clearly defined management structure. The person in charge was being supported by a Clinical Nurse Manager (CNM), registered nurses, multi-task attendants and a team of non clinical staff. On the day of inspection, there were 29 residents accommodated in the centre. The inspector reviewed the staffing rosters and found that the number and skill mix of staff on duty was appropriate to meet the needs of the residents.

The centre had a training schedule in place that identified mandatory training for staff to attend. The inspector reviewed the training records for staff and observed significant gaps in the mandatory training in safeguarding of vulnerable adults, manual handling training and fire safety training. Staff responses were inconsistent regarding the procedure to take in the event of fire alarm activation. This was a risk in the event of a fire in the centre and the safe evacuation of residents.

Although the nursing management team worked closely and communicated daily on a range of issues, there was no governance and management meetings available for the inspector to review. This meant that there was no evidence that the management team discuss clinical and operational matters on an ongoing basis. On the day of inspection, there was no audit made available that evidenced the monitoring of the provision of care. The inspector acknowledges that environmental audits had been completed and actions plans developed to address issues found.

The inspector reviewed the complaints log. In the main, records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. The complaints procedure was displayed at the main entrance. Residents reported feeling comfortable with speaking to any staff member if they had a concern. On the day of inspection, there was one open complaint that had not been managed as per the policy. The inspector acknowledged this was addressed and closed out during the inspection.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of the current 29 residents. There were satisfactory levels of multi-task attendant staff on duty to support nursing staff. The staffing compliment also included catering and administration staff. There was sufficient staff on duty for the number of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training records given to the inspector on the day of inspection identified significant gaps in fire training, manual handling training and safeguarding of vulnerable adults training.

Judgment: Not compliant

Regulation 21: Records

Record-keeping and file-management systems were not in line with regulation

requirements. This is a repeated non complinace from the last inspection. For example;

- the provider had failed to ensure that there was a Garda vetting disclosure on file in the centre for all staff. This was rectified on the day.
- Records of how staff supervision is completed were not available for review.
- Not all documents required by Schedule 2 of the regulations was available on the day of inspection. For example; documentary evidence of relevant qualifications accredited to the person.

Judgment: Substantially compliant

Regulation 23: Governance and management

The totality of the inspection findings evidenced that the management systems in place to monitor the overall quality and safety of the service did not meet regulation requirements. For example:

- gaps in the record management systems. For example; care planning documentation.
- The auditing system in place was inadequate. There was no audit made available that monitored the direct provision of care.
- There was no record available of management meetings that evidenced oversight of the service.
- Repeated non compliance from the last inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were managed in line with regulatory requirements and the centre's policy and procedure. Residents told the inspector that they felt able to raise a concern or complaint with a member of staff.

Judgment: Compliant

Quality and safety

Residents well being and welfare was maintained. Residents expressed satisfaction with the care received. Nothwithstanding this positive feedback, findings from the inspection found that there were multiple gaps in the care planning system in place. This was evidenced in the nursing documentation. In addition, following the last inspection, the provider had failed to take the necessary actions under regulation 9; Residents' rights and regulation 28; Fire precautions to bring the centre into compliance. The detail of which is discussed below.

The inspector found that resident care plans were not person-centered and did not always contain the information required to guide the care. While assessment tools were available, the inspector found evidence that residents were in the centre for a period of up to two weeks prior to the completion of an assessment of need. This meant that care plans were either not available or were not updated to reflect the most relevant care needs of residents.

Residents had a choice and access to general practitioners (GP) and health and social care professionals. Where residents required further allied health and specialist expertise, this was facilitated through a system of referral. For example, some residents were under the care of the dietetic services for ongoing monitoring of their weight and nutrition. Physiotherapy was available in the centre two days a week. There was evidence of recommendations from health and social care professionals being implemented. For example; the management of wounds was effective and records evidenced healing had occured.

The clinical management team were actively promoting a restrictive free environment. A restrictive practice register was maintained in the centre. The use of bedrails was minimal and was only in use as per resident choice.

The inspector walked the premises. The centre was visibly clean. There was a colour coded cloth and mop system in place that utilises one cloth per room to ensure that each area is cleaned with a new cloth/mop on every occasion. The inspector spoke with staff who were very clear on the procedures and practices in place. Individual resident equipment was observed to be visibly clean.

Residents’ lives had been significantly impacted by the COVID-19 pandemic and consequent restrictions. The inspector observed that staff adhered to guidance in relation to hand hygiene and in wearing personal protective equipment (PPE) in line with the national guidelines. Staff reported that the training they had received in infection prevention and control procedures had been of a good standard and they were able to implement it in practice. The management team were committed to ensuring all reasonable measures were in place to manage a COVID-19 outbreak in

the centre.

Residents had access to information and news. Independent advocacy services were also available. Residents meeting were held. Minutes from the meetings were recorded and were available in Irish and English.

The provider had made some progress on fire safety precautions and procedures within the centre. Evidence of quarterly servicing was available. Fire fighting equipment had been serviced in April 2022. Each resident had a completed personal emergency evacuation plan in place to guide staff. Not withstanding the progress made, the inspector found that further action was required to bring the centre into full compliance with the regulations. The detail is outlined under regulation 28; Fire precautions.

Regulation 11: Visits

The provider had ensured that visiting arrangements were in place and were not restricted. The inspector observed multiple visits occur on the day of inspection.

Judgment: Compliant

Regulation 27: Infection control

On the day of inspection, infection prevention and control practices were observed to be of a good standard.

- the premises and equipment used by residents was observed to be clean.
- the procedure for cleaning was in line with national guidance and best practice.
- Staff practices in relation to hand hygiene and the wearing of PPE were in line with guidance.
- Staff were observed completing hand hygiene at regular intervals.
- Residents had individual slings. The inspector observed that between use a small number of the slings were stored on the hoist machine which caused a risk of cross contamination. This risk was addressed on the day.
- The inspector found that the limitations of showers available was an added risk in the event of the need to isolate individual residents. This is actioned under Regulation 9: Residents' Rights.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety management in the centre did not meet regulation requirements. This is a repeated non compliance found from the last inspection. For example;

- Staff responses on the actions and procedures to follow in the event of the fire alarm being triggered were inconsistent.
- The detail recorded in the fire drills did not provide assurances. It was unclear what scenarios were created and the number of residents that were evacuated.
- Simulated fire drills evidenced poor evacuation time lines. For example; the time recorded to complete the fire evacuation was lengthy with recordings of between six to 20 minutes.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Nursing assessments and care plans were not in line with regulation requirements. This was evidenced by;

- Not all residents had an assessment of their care needs completed at the time of admission. For example; in one file reviewed the first assessment completed was two weeks following admission.
- In one file reviewed there was no care plan in place to guide care.
- The inspector found that the some care plans were outdated and did not contain the most up to date information about the care needs of residents. For example; social care plans outlined how a resident liked to attend day care. There was no day care services in the centre.
- Residents that had experienced COVID-19 did not have a care plan in place to guide care. The progress notes did not evidence monitoring of the resident at the time.
- A resident with pain was administered medication with no assessment of pain completed. The notes did not identify where the pain was and if the pain medication administered was effective.

Judgment: Not compliant

Regulation 6: Health care

Residents had a choice of general practitioners who completed on site reviews. In

addition, there was access to allied health care supports.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had failed to install an additional shower room to ensure that all residents had equitable access to showering facilities. This meant that residents had to continue to travel a substantial distance within the centre to avail of a shower. The compliance plan response from the last inspection had an installation date of August 2021. This is a repeated non compliance.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Áras Mhic Dara Community Nursing Unit OSV-0000626

Inspection ID: MON-0037171

Date of inspection: 29/06/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All mandatory training is up to date for all staff, with exception of those undertaking training sessions in Responsive Behaviour and Manual Handling on 4/8/2022. Records of completed training is updated on our training matrix.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All staff files have been reviewed and required documentation is in place as of 29/7/2022. The HSE performance appraisal process is now being implemented. Records will be updated on personnel files as these meetings are completed by line managers. Initial meetings using this system will be commenced by line managers by the 31st October 2022.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits are now scheduled for critical care areas. As of 2/8/2022 updated audits completed include: Care Plans, Nutrition, Falls and Resident Service satisfaction Survey. The provider has set a schedule of management meetings for the next 12 months. Records of onsite and other Management meetings will be held onsite in the Centre. The person in charge has a set a schedule of clinical and care management meetings for next 12 months.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Comprehensive refresher fire training is for completion by all staff on 2/8/2022. On site Fire drills have taken place as part of this Training. A schedule for in-house simulated fire evacuation Training is in place and Fire Training Matrix Audit is included in Audit Schedule. Clear, comprehensive details and actions arising from these Training events will be documented and available on-site. Fire Safety is to be a standing item on agenda for scheduled staff meetings.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All care plans are being comprehensively reviewed and updated as of 30/06/2022. Monthly audits of Care Plans are included in our schedule of Audits and in use since 05/07/2022, to monitor and meet the requirements of the regulation. Ensuring a comprehensive assessment of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre is now reviewed and implemented as part of our ongoing audits.	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Quotes have been received for the works to install the shower and are currently under review by estates. Shower to be installed on or before 30/11/2022.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	04/08/2022
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	02/08/2022
Regulation 28(1)(d)	The registered provider shall make	Not Compliant	Orange	02/08/2022

	arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	05/07/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for	Not Compliant	Orange	05/07/2022

	a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	05/07/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/11/2022