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:	27 April 2023
Centre ID:	OSV-0000626
Fieldwork ID:	MON-0039994

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:	27

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
Thursday 27 April 2023	10:15hrs to 17:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

This was a well-run centre. The inspector found that the rights of residents were actively promoted and residents stated that they were enjoying a good quality of life. The feedback from the residents who spoke with the inspector was very positive. Many residents had high praise for the staff as individuals. One resident stated "you couldn't get nicer". Residents felt that the staff knew them well. Residents were happy with the length of time it took to have their call bells answered. Residents were satisfied with the activity schedules in place.

The atmosphere in the centre was welcoming. The entrance corridor opens up into the large communal sitting room with a large dining room to the left. The majority of residents spent their day going between these two rooms. Walking along the corridors was a pleasant experience with directional signage erected to allow residents navigate the premises independently.

There was a very high value placed on activities in the centre. All staff spoken with displayed knowledge of the importance of social engagement with residents. The inspector observed group activities occurring on the day. Several residents told the inspector that they enjoyed the entertainment programme. During this one day inspection, the inspector observed that there was ample choice of activity for residents to participate in. At one stage, there was a large group activity happening in the communal sitting room, and in a separate smaller sitting room there was three residents watching sport on the television, while two other residents were completing art and crafts with a member of the activities team. In the afternoon, the inspector observed that a resident had stated they were bored and so a member of staff brought them off to complete a one-to-one activity session. In addition, the residents recalled recent social outings, such as shopping trips to Galway city, and attending the local St Patrick's Day parade. Residents recalled the music and dancing with great memories of the enjoyment had on the day.

Residents' rights were well-respected. Resident meeting were held and chaired by an independent chairperson who reported back to the person in charge. The meetings were known as "Chairde le cheile" meaning friends together. Items of importance, such as the activities, were discussed. Residents were actively involved in the running of the centre, and their feedback was reported back through a residents' survey, and the providers annual review of the service. Staff spoken with had excellent knowledge of the residents, in terms of their likes and dislikes. For example, staff knew the steps to take when residents became anxious and distressed.

Following the previous inspection findings, the provider had installed an additional shower room that ensured that all residents had equitable access to showering facilities. On a tour of the premises, the inspector observed that the premises were clean. On the day of inspection, the communal sitting and dining rooms were

observed to be clean and free of clutter. A number of residents told the inspector that their bedrooms are cleaned daily.

Open visiting, in line with visiting arrangements before the pandemic, was in place, which was welcomed by the residents.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well-organised and the centre was well resourced to ensure that residents were supported to have a good quality of life. On this inspection, the inspector was assured that the provider was consistently delivering appropriate care to residents.

This one day unnanounced risk inspection was carried out by an inspector of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in June 2022, and found that, with the exception of Regulation 21: Records, appropriate action had been taken to bring the centre into compliance with regulation requirements.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The management team was observed to have strong communication channels and a team-based approach. The person in charge facilitated the inspection. The person in charge was a visible presence in the centre and was very well known to residents and staff. There were 27 residents accommodated in the centre on the day of the inspection and seven vacancies.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. The team providing direct care to residents consisted of at least one registered nurse on duty at all times. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with the residents. The person in charge, supported by the nursing team, provided clinical supervision and support to all the staff. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. While the centre utilises agency staff nurses, this did not negatively impact on the care delivered to the residents as the staff were regularised. Additional risk management strategies in the

management of agency staff were also implemented. For example, as there is only one registered nurse on duty at night, only permanent registered nurses work night duty. Teamwork was evident throughout the day.

The provider had systems in place to monitor and review the quality of the service provided for residents. A range of audits had been completed. A sample of completed audits were reviewed and were found to be effective to support the management team to identify risks and deficits in the service. The audits informed the development of improvement action plans, and records showed that the action plans from these audits were communicated to the relevant staff. Where areas for improvement were identified, action plans were developed and completed. For example; a nutritional audit identified that training in the completion of nutritional assessment was required. Once the training had been completed and applied to the assessment process, the audit findings went from 78% compliance to 100% compliance. There was an annual review of the quality of the service provided for 2022, which included input from residents.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed mandatory training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. The clinical team met daily for a 'safety pause' to discuss a range of safety and quality issues, to ensure any identified risks to any resident was addressed in a timely fashion.

Record keeping systems comprised of a paper-based system. Some records were inconsistently maintained with regard to the timely development of resident care plans, based on their assessed need. The detail of this non-compliance is discussed in detail under Regulation 21: Records.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and mandatory training was up to date for all staff. Staff were appropriately supervised in their roles to ensure residents

received safe and quality care. Staff demonstrated a good awareness of individual residents needs.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector found that records were inconsistently maintained and did not meet regulation requirements. For example;

- the inspector review the files of three newly admitted residents and found that a care plan to reflect their care needs based on their assessment had not been developed for a number of weeks after their initial admission date.
- staff files reviewed did not have all of the documents required by Schedule 2 of the regulations on file and available for review. For example; a sample of files reviewed did not include documentary evidence of relevant qualifications.
- Quarterly notifiable incidents, as detailed under Schedule 4 of the regulations, were not accurately notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. The findings of this inspection were that the provider had taken action to ensure residents' assessments and care plans reflected the needs of the residents and provided guidance to staff on the provision of person-centred care and support to residents. While the inspector found there was a delay in the development of the care plans, it is acknowledged that this delay had not had a negative impact on the care delivered to residents.

Residents' needs were assessed on admission to the centre, through validated assessment tools, in conjunction with information gathered from the residents and, where appropriate, their relatives. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed the interventions in place to manage identified risks such as those associated with residents impaired skin integrity, risk of malnutrition, and falls.

Residents were provided with access to a general practitioner (GP), as required or requested. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place. A review of the residents' care records found that recommendations made by health and social care professionals were implemented and updated into the resident's plan of care. For example, the implementation of advice received from a tissue viability nurse specialist had ensured the healing of wounds.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated excellent knowledge of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

The centre was actively promoting a restraint-free environment.

The provider had a number of assurance systems in place to prevent and control the risk of infection in the centre. On the day of inspection, the building was found to be clean. Cleaning staff were knowledgeable on the cleaning system in place and were observed to adhere the policy. A single use, colour-coded, mop and cloth systems was in operation. Cleaning agents were appropriate for health care settings, and housekeeping staff demonstrated an understanding of the centre's cleaning process. Staff were observed to use personal protective equipment appropriately.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out. Residents had access to an

independent advocacy service. Residents were provided with access to daily newspapers, radio and television.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or a designated visitor area, if they wished.

The provider had made good progress on fire safety precautions and procedures within the centre. Fire drills were completed. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Appropriate documentation was maintained for yearly checks and servicing of fire equipment. Annual fire training had taken place in 2022. Non-compliance with Regulation 28, Fire precautions, found on the last inspection, had been addressed.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training, and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care. There was good evidence that advice was followed that ensured positive outcomes for residents. There were clear nursing pathways in place to prevent and manage wounds in the centre and the inspector found that timely nursing intervention, referral and engagement with health care professionals resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care records identified additional care needs and guided the care. Advice received from psychiatry of older life services was followed, and had a positive impact of the residents overall wellbeing.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after, and that they had a choice about how they spent their day.

Resident had access to advocacy services.

Following the last inspection, the provider has installed an additional shower room. The installation of the shower room meant that residents were no longer required to travel long distance to avail of showering facilities.

Judgment: 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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0039994

Date of inspection: 27/04/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Schedule 2 documents unavailable for viewing on day of inspection are now in file. Staff have been briefed regarding required time frame for Care Plans to be in place post admission. Management will be auditing as part of our ongoing service audits to ensure compliance. Notifications that arise will be submitted in accordance with required time scales. Staff have been reminded of the notification requirements for the Chief Inspector.	

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 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	17/05/2023