



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

Issued by the Chief Inspector

Name of designated centre:	Aras Mhathair Phoil
Name of provider:	Health Service Executive
Address of centre:	Knockroe, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0000652
Fieldwork ID:	MON-0035528

About the designated centre

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

The designated centre provides 24-hour nursing care to 24 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of single and twin bedrooms and 18. Communal facilities include a dining room, a sitting room, a sunroom, an oratory, a visitors room and a safe internal courtyard. There are two assisted bathrooms each with a bath with chair hoist, wash hand basin and toilet facilities, one assisted shower room with easy accessible shower, wash hand basin and toilet facilities One assisted bathroom is located adjacent to single rooms 1-9 and the other is located adjacent to single rooms 10-18. There are also five additional toilets which are located adjacent to single rooms, the lounge and the dining room. The provider states that the centre's philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
--	----

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 11 January 2023	11:00hrs to 18:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and was completed over one day. This inspection reviewed the service provided for residents in the centre and the provider's ongoing compliance with the regulations. There was a calm atmosphere in the centre and the inspector met several residents and spoke with some of those residents in more detail during the day. Overall residents' feedback was positive regarding their lives in the centre and their comments included that the centre was 'a great place to be in', 'lucky to be living here' and they told the inspector that the staff were 'very good' and 'you would go a long way to find staff as good'. The majority of residents said they had a good quality of life in the centre and that they enjoyed the social activities on offer. However, one resident said that they found their days 'terribly long' and that they 'had nothing to do' and 'did not enjoy' the social activities that were available. Another resident said that they preferred to 'keep themselves busy in their bedroom with their belongings around them' and was observed to be busy with knitting and watching a favourite programme on the television.

On arrival to the centre and following completion of the centre's infection prevention and control procedures, the inspector met the person in charge. Following a short introductory meeting, the person in charge accompanied the inspector on a walk around the centre. This walk around the centre gave the inspector an opportunity to introduce themselves and to meet with residents and staff. In addition to conversing with residents, the inspector spent time observing residents' daily routines to gain insight into their experiences with living in the centre and how their needs were met by staff.

The centre was located in a quiet residential area and was well maintained. Residents had access as they wished to an attractive and safe outdoor garden. Seating was available and the paths were covered with a foam surface to promote residents' safety. Colourful shrubs were growing in beds and in planters. The interior of the premises was warm and comfortable. However there was a lack of storage available which meant that residents' assistive equipment and other equipment was being stored in the residents' communal shower/toilets. The inspector also observed that some storerooms were not segregated to ensure residents' assistive equipment such as hoists were not stored with personal cleaning and continence products.

On the day of this inspection, many of the residents were observed to spend their day going between one of the two sitting rooms and the dining room. A small number of residents stayed in their bedrooms. The inspector was told that a second person with responsibility for facilitating residents' social activities had been appointed since the last inspection. This was an improvement action to ensure residents had access to a schedule of meaningful social activities facilitated over seven days each week. During the morning, the inspector observed the social activities that were provided for the residents. One resident enjoyed watching

television and three other residents read the newspaper in the sitting room. The staff member with responsibility for facilitating residents' social activities spent a lot of their time supporting a resident with responsive behaviours(How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) The member of staff provided a range of one to one activities for this resident in line with their interests and capabilities. The inspector observed that as the activity coordinator was occupied for much of their time with meeting this resident's one-to-one needs, they were not available to the other residents who largely occupied themselves.. In addition there was no planned schedule of activities available for residents in the centre and residents told the inspector that they did not know what social activities were planned for the day. The inspector was told by staff about various social activities that were facilitated in the sitting room for the residents and a game of skittles in the morning and a game of bingo in the afternoon were observed to take place in the sitting room. Not all residents participated in these games and some residents were observed to sit quietly for much of the day in their chair. The inspector observed that there was a second staff member available to assist residents to go to the toilet and with drinking fluids. This ensured that the activity coordinator could dedicate their time to facilitating residents' social activities and that residents' social activities were not interrupted.

A small number of residents unable to come to the sitting room spent their day in their bedrooms and other than staff chatting to them while attending to their care needs, these residents were not observed to participate in any other social interactions or meaningful activities.

Staff were observed to avail of opportunities to engage residents in light-hearted banter and conversation and residents responded positively to these interactions. Staff were respectful towards residents and for the most part were attentive to their needs for assistance and were kind and gentle in their interactions with residents. However, the inspector observed that there was a delay on one occasion by a staff member with responding to a resident's request for assistance to go to the dining room before teatime. The staff member did not respond to the resident's request and continued to complete their care records. The inspector repeated the resident's request to the member of staff and the resident's request for assistance was met. The inspector also brought their observation regarding this interaction to the attention of the person in charge.

The inspector observed that arrangements to consult with residents were in place, including regular residents' meetings and surveys. Residents said they felt they could speak to staff about the service they received and believed their views were listened to and valued.

Residents were very complimentary regarding the food choice and quality of their meals offered to them in the centre. Residents told the inspector that the food was 'always good', 'plentiful' and 'very tasty'. Staff were seen providing assistance to some residents in a patient and respectful way.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This inspection found that actions were taken by the provider to ensure there were sufficient measures in place to protect residents and others from risk of fire since the previous inspections in August and December 2021 were completed. Accountability and oversight of residents' clinical care was assured with the appointment of a full time person in charge in October 2022 who met the regulatory requirements. Two restrictive conditions were attached to the centre's registration by the Chief Inspector following the inspections in 2021 requiring the provider to appoint a person in charge who meets regulatory requirements and restricting the number of residents in two areas of the centre to ensure residents' safe evacuation in the event of a fire in the centre. This inspection found that the provider had complied with both of these restrictive conditions. However, further actions were now required to ensure the management and oversight systems were robust and that the provider was compliant with the regulations.

The inspector found that five of the ten actions identified in the compliance plan from the inspection in August 2021 had been completed and the five remaining actions had been progressed and were at varying stages of completion. The actions taken by the provider had reduced the level of non compliance in the majority of the regulations assessed including in Regulation 28; Fire safety which was assessed on inspection in December 2021. However, Regulations 23; Governance and Management was found not compliant again on this inspection in addition to sub compliances found in the other regulations assessed, a number of which were repeated from the previous inspections in August and December 2021.

The Health Service executive (HSE) is the registered provider for Aras Mhathair Phoil designated centre. As a national provider involved in providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, training, accounts and information technology. The provider had appointed a person to represent them and records showed that they or their representative visited the centre on a regular basis to review the service with the person in charge. This was validated by the person in charge who confirmed that they were supported in their role. The new person in charge was aware of their responsibilities and the regulatory requirements of their role. The person in charge is supported in the centre by a clinical nurse manager who deputises in their absence.

The Systems that were in place to monitor the quality and safety of the service were limited and the inspector found that key areas of the service were not audited in 2022. The person in charge provided evidence that key clinical parameters were

now being reviewed and an auditing schedule to monitor the quality and safety of key areas of the service in 2023 was being implemented.

The inspector reviewed the staffing available in the centre and found that although staffing resources had been improved, there were no dedicated laundry staff on duty and this role was the responsibility of care staff. This arrangement reduced the time that care staff were available to meet residents' needs. In addition, this arrangement increased the risk of transmission of infection as staff who were working with dirty laundry were also responsible for residents' personal care.

A review of the training records showed that staff were facilitated to attend up-to-date mandatory training requirements. However, staff had not attended appropriate training to ensure they had the required knowledge and skills in key areas such as nursing assessment and care planning practices and the management of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). In addition those staff who were responsible for providing meaningful activities for the residents did not have the required additional training to provide some of the activities prescribed in the residents' social care plans.

There was a low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate risk of recurrence and that any areas of learning identified were implemented. All incidents involving residents as specified in the regulations that required notification were notified to the Health Information and Quality Authority.

Written policies as required by Schedule 5 of the regulations were available to staff and were implemented. However, at the time of this inspection, not all the policies had been reviewed and updated as necessary. However, the recently appointed person in charge had commenced reviewing these policies to ensure that they reflected up-to-date evidence based guidance.

Regulation 14: Persons in charge

A person in charge commenced in the role on 18 October 2022. The new person in charge is a registered nurse and works on a full-time basis in the centre. Their clinical and management experience and qualifications are in line with regulatory requirements

Judgment: Compliant

Regulation 15: Staffing

Although, actions were progressed to ensure there was sufficient staff available to meet the needs of residents, a designated laundry staff member was not available and care staff were required to carry out laundry duties each afternoon. This reduced the time the care staff member was available to care for residents and posed a risk of cross infection. This finding is repeated from the previous inspection completed in August 2021.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff had access to appropriate training in line with their roles and responsibilities. This was evidenced by;

- Two staff had not completed mandatory fire training since 2020
- Staff with responsibility for facilitating residents' social activities did not have training in provision of an accredited sensory programme as detailed in one resident's activity care plan.
- Nursing staff had not been facilitated to attend training in assessment and care planning.
- Staff had not been facilitated to attend training in care of residents living with dementia and in the management of responsive behaviours.

Staff were not appropriately supervised according to their roles and as a result, the inspector found the following;

- Residents' care planning and records were not adequately completed to inform their care and support needs.
- Residents' individual social activity programmes developed to meet their interests and capacities were not being implemented.
- Residents who were unable to attend the sitting room and remained in their bedrooms were not supported by staff to engage in the social activities that met their assessed interests and capacities.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in electronic and hand written formats in the centre. All information as required by the regulations was included regarding each resident.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Although, some improvements had been made since the previous inspections in August and December 2021, the management and oversight of the service was not effective in maintaining compliance with the Health Act 2007 (Care and Welfare of resident in Designated Centres for Older People) Regulations 2013 and ensuring the service were delivered in line with the centre's statement of purpose.

- The provider had failed to take appropriate actions to ensure that their compliance plans from the previous inspections had been implemented in full and that compliance with the regulations was sustained. This was evidenced by the number of regulatory non compliances found on this inspection. This included repeated non compliance in Regulation 27; Infection Prevention and Control, Regulation 17; Premises and Regulation 28; Fire Safety Precautions.
- Residents' care documentation was not completed to a standard that adequately informed their assessment and care needs and is discussed further under Regulation 5: Assessment and Care Planning.
- Residents' social care needs were not adequately met and this impacting on their quality of life in the centre.

The quality assurance systems in place to ensure the quality and safety of the service was effectively monitored were not robust. For example auditing of key areas of the service and residents' quality of life in the centre was not completed in 2022. Therefore, areas needing improvement were not identified to inform continuous quality improvements and to inform risk management in the service.

The provider had failed to ensure that there were adequate numbers of staff available in the centre to ensure the effective delivery of care and service in accordance with the centre's statement of purpose. This is a repeated finding from the last inspection and is addressed under Regulation 15.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

Although in progress, the majority of the policies required by Schedule 5 of the regulations had not been updated at intervals not exceeding three years. For example, the admissions policy had not been updated to reflect the revised conditions on the centre's registration. This finding did not ensure that staff had access to the up-to-date guidance to inform their practices and procedures.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that improvements had been made since the previous inspection in December 2021. Residents' were generally satisfied with their care and supports and spoke highly of the staff who cared for them. This inspection found that residents' rights were respected by staff and that care was progressing towards a person centred approach. However, significant focus and effort was now required on behalf of the provider to ensure that residents received a high standard of evidence based nursing care and appropriate social care support in line with their assessed needs.

While, documentation regarding residents' care procedures required improvement, the inspector found that staff ensured residents' health and nursing care needs were met to a good standard. Actions were found to be necessary to ensure residents' assessment and care documentation comprehensively informed staff regarding the care and supports they must complete for residents to meet their needs. While a number of validated nursing tools were used to assess residents' care needs, the inspector found inconsistencies regarding completion of residents' assessments and care planning documentation. This posed a risk that pertinent information regarding residents' care procedures was not communicated between staff and available to inform residents' preferences and wishes regarding their care and treatments.

Residents were supported to safely attend out-patient and other appointments in line with public health guidance. Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary.

The inspectors found that staff knew residents very well residents told the inspector that their wishes and usual routines prior to coming to live in the centre continued. For example, they choose when to get up in the morning and what time they went to bed at night. Most staff promptly attended to residents' needs and interactions observed between residents and staff were patient, kind and respectful.

The provider had measures in place to protect residents from risk of infection. These included cleaning specifications and checklists. A flat mopping system and colour coded cloths were in use to reduce risk of cross infection and appropriate use of PPE and hand hygiene by staff was observed throughout the inspection. Two residents had been identified as being colonised with an antibiotic resistant bacteria and infection prevention and control precautions and procedures were in place to ensure risk of transmission was mitigated. Notwithstanding, good practices in place, the inspector found that further actions were necessary to ensure residents were protected from risk of infection and these findings are discussed under Regulation 27; Infection Prevention and Control.

While the inspector was assured that residents The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. However, the inspector found that further actions were necessary in relation to residents' evacuation procedures and in the testing of fire equipment. Although, the inspector was told that fire safety works were completed and final sign-off by a person competent in fire safety was requested by 04 January 2023, this was not received. Further assurances regarding evacuation of residents to a place of safety were found to be necessary The inspector's findings are discussed under Regulation 28 in this report.

Although, the inspector was assured that residents received their correct medications and that there had been no adverse incidents affecting residents, the medicines management practices and procedures in the centre were not in line with professional nursing standards and posed a risk to residents' safety. Medicines were stored securely and procedures were in place to return out-of-date and unused medicines to the dispensing pharmacy. Multi-dose medicine preparations were labelled with the date when they were opened and as such informed safe use timescales. However, the pharmacist who supplied residents' medicines were not facilitated to meet their obligations to residents. The inspector's findings are set out under Regulation 29 in this report.

Residents' living environment was maintained to a good standard with the exception of an area on one wall in a resident's bedroom that needed repainting. The centre was decorated in a traditional style that was familiar to residents. Communal spaces were comfortable and residents were encouraged and supported to personalise their bedrooms in line with their individual preferences. With the exception of one twin bedroom that provided accommodation for two residents, the other twin bedrooms

in use had one resident in each on this inspection. Residents could access the outdoor spaces as they wished. However this inspection found that there was a lack of appropriate storage available in the centre. This included adequate storage for residents' personal belongings and for items of equipment including residents' assistive equipment. The inspector's findings are discussed under Regulation 17; Premises.

Staff had not been facilitated to attend training to ensure that they had up-to-date knowledge and skill with managing residents predisposed to experiencing episodes of responsive behaviours. The inspector found that there was a low use of restraint in the centre and the national restraint policy guidelines were implemented. Alternatives to restrictive equipment were assessed and procedures were in place to ensure they and any other arrangements did not pose prolonged or unnecessary restriction on residents.

Residents were supported to practice their religions and clergy from the different faiths were available and available as residents wished. Residents were supported to speak freely and provide feedback on the service they received. Residents who had difficulty communicated were well supported. Issues brought to the attention of staff were addressed. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. Staff had completed up-to-date training in the prevention, detection and response to abuse. Staff who spoke with the inspector were knowledgeable regarding the reporting arrangements in the centre and clearly articulated their responsibility regarding reporting any concerns they may have regarding the residents' safety.

Regulation 10: Communication difficulties

The inspector found that a small number of residents with significant vision and hearing communication needs were well supported by staff and had access to specialist communication equipment to support and optimise the quality of their sight and hearing function. Staff were observed to be knowledgeable regarding use of these supports.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the visitor's room or in the second sitting room

as they wished. Visits by residents' families and friends were encouraged and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

One resident in a twin bedroom did not have adequate storage facilities for their personal belongings and as a result, they stored many of their belongings directly on the floor around the perimeter walls of their bedroom.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had not ensured that the premises was in compliance with Schedule 6 of the regulations and this was evidenced by the following findings;

- The paint on an area of the wall surface behind one resident's bed was scuffed and missing.
- Adequate storage for residents' assistive equipment and other equipment in the centre was not available. For example, a hoist and walking frame was stored in one communal bathroom/toilet, a clean linen storage trolley and a walking frame were stored in another communal shower/toilet in use by residents and several wheelchairs were stored in the smoker's room. Storerooms were not segregated to ensure equipment was stored in a separate area to utilities. This created clutter in these communal areas which was a risk for residents using these facilities. It also posed a risk of cross infection.
- Electric lights in the corridors and in the dining room were either continuously flashing or turning on and off throughout the day of inspection. This posed a risk of falls to residents who were mobilising around the centre.

Judgment: Substantially compliant

Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented, some findings from the previous inspection were repeated and further

actions were required in other areas to ensure compliance with the national infection prevention and control standards and to ensure residents were protected from risk of infection;

- Opened containers of personal hygiene products and solutions were stored in a press in a communal shower/toilet and loose continence products and spray bottles of personal cleaning solutions were observed in two drawers in a unit in a communal toilet used by residents. Use of these items for more than one person posed a risk of cross infection. This finding is repeated from the last inspection.
- There was storage of boxes on the floor in a number of storerooms and therefore did not support effective cleaning of floor surfaces in these areas.
- Assistive equipment used in the centre and examined by the inspector appeared clean, however, a system was not in place to ensure that this equipment was cleaned and decontaminated after each use. This finding is repeated from the last inspection.
- Supplies of rolls of hand towels for distribution and use throughout the centre were stored on open shelves in the cleaner's room. This posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The oversight of arrangements that were in place to test fire equipment were not robust. For example;

- At the time of inspection, weekly checks of fire doors were taking place. However, given the number of fire door deficiencies previously identified on a fire door inspection report dated 15 November 2021 by the provider and on inspection by an inspector from the Health Information and Quality Authority in December 2021, the weekly check of the fire doors in the centre was confirmed with a tick. This did not give assurances that a comprehensive check was completed on the operation and condition of each individual fire door.
- The checks to ensure fire safety equipment was operational at all times did not include a daily check that faults were not registering on the fire alarm panel.
- Although requested on 04 January 2023, sign-off by a person competent in fire safety to confirm that the designated centre is now in full compliance with the relevant fire safety legislation and standards has not been received by the Chief Inspector.

Further actions were required to ensure that the emergency evacuation drills completed gave assurances regarding the adequacy of the arrangements in place to

evacuate residents in a timely manner in the event of a fire emergency. For example;

- The information in the record of the most recent simulated emergency evacuation drill completed prior to this inspection did not contain sufficient detail to include the time the alarm was sounded and the time the evacuation was complete, calling the fire brigade, the area of safety the evacuation took place to, if any delays were encountered and if any areas for learning were identified.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Although, the inspector was assured that residents received their correct medicines, actions were necessary to address the following findings;

- medicines administered by nurses as a crushed preparation for a small number of residents were not individually prescribed for administration in a crushed format.
- the prescription instructions for the maximum amount of medicines that could be administered on an 'as required' (PRN) basis over each 24 hour period was not clear and posed a risk of error.

Assurances were not available that the pharmacists who dispensed residents' medicines were facilitated to meet their obligations to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a number of residents' assessments and care plan documentation and found that actions were necessary to ensure residents' needs were appropriately assessed and that care plans were developed and implemented to address any needs identified. This was evidenced by the following findings;

- The care interventions in some residents' care plans were not person-centred to reflect their individual preferences, wishes and usual routines.
- One resident with a discharging chronic wound did not have their wound care needs assessed and did not have an up-to-date wound care plan in place to inform nursing staff on the dressing procedure and interventions they required. In addition, assessments of this resident's wound were not completed. Furthermore, information regarding the condition of the resident's wound was not recorded and as such nursing staff were not able to

effectively monitor the effectiveness of dressings and interventions used in the wound treatment plans.

- A behaviour support care plan developed to inform one resident's support needs did not reference the most effective de-escalation strategies that were being implemented by staff. Therefore, there was a risk that this pertinent information would not be communicated to all staff caring for this resident.
- The re-positioning frequency needs of a resident with a pressure related skin wound was not detailed in their care plan. This finding did not ensure that this information was communicated to all staff caring for this resident.
- The care plan in place to meet the needs of a resident with diabetes and on insulin therapy did not detail the parameters their blood glucose levels should be maintained within. This information was required to inform the resident's insulin administration and wellbeing.

A number of residents' care plans did not show that they had been reviewed and updated in consultation with the resident or when appropriate with the resident's family on their behalf.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that nursing practices in relation to the assessment and management of one resident's wound did not reflect high standards of evidence based nursing care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that staff did not have up to date knowledge and skills appropriate to their role to manage and respond to behaviours that were challenging. This was evidenced by;

- Training records showed that staff had not been facilitated to attend training in care and support for those residents living with dementia and who may present with responsive behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

This inspection found that the provider had failed to ensure that all residents accommodated in the designated centre had opportunities to participate in meaningful social activities in accordance with their interests and capacities. This is a repeated finding from the last inspection. This was evidenced by;

- A social activity care plan for one resident living with dementia stated that they attended an accredited sensory activity programme to meet their needs. However, an accredited sensory programme was not facilitated in the centre.
- A number of other residents had a chair-based exercise detailed as part of their social activity programme, but the records of the activities they attended did not reference their participation in this activity.
- An activity schedule was not available and the inspector was informed that a decision regarding the social activities facilitated were made each day by staff in consultation with residents. This meant that residents did not know what social activities were available each day so they could plan to attend them if they wished. In addition, the lack of a planned programme would make it difficult to monitor this aspect of the service and to ensure that suitable social activities were taking place to meet residents' assessed needs.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aras Mhathair Phoil OSV-0000652

Inspection ID: MON-0035528

Date of inspection: 11/01/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - We have reviewed the requirement for the laundry person and there will be allocated hours to do the laundry from 1pm to 6 pm each day of the week. This person will not be a part of the care team during this allocated time. This will be reviewed as occupancy increases	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - All staff have now completed mandatory fire training - Three staff have been identified to carry out activities and have now completed training in Imagination gym. A new activity schedule has been created which includes a variety of activities to meet the needs of the residents and activity care plans have been updated to reflect new activities which will be delivered by designated activity staff who has appropriate knowledge and skills to meet residents' social activity needs. In this schedule there is time allocated to the activity coordinator to attend the social activity needs of the residents who wished to remain in their bedrooms. This has been clearly identified in the new activity schedule. - All staff nurses have been asked to complete the HSEland training on assessments and care planning - 18 staff have completed positive behaviour training in Oct 2022 and we have organised responsive behaviour training on 27th March 2023 to cover rest of the staff. - A thorough audit of the care plans and assessments will done on a regular basis and	

findings will be communicated to the nurses in the view of addressing the areas where improvements required.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- We are assured that there is adequate numbers of staff available in the center to ensure effective delivery of care and service based on the 0.85 of the whole time equivalent care hours per resident calculation of the current staffing levels. This will be kept under review as the occupancy increases. There is approval to use agency for approved posts if necessary, currently we have a staffing for up to 24 beds
- A thorough audit of the care plans and assessments will done on a regular basis and findings will be communicated to the nurses
- Three staff have been identified to carry out activities and have now completed training in Imagination gym. A new activity schedule has been created which includes a variety of activities to meet the needs of the residents and activity care plans have been updated to reflect new activities which will be delivered by designated staff who have appropriate knowledge and skills to meet residents' social activity needs. In this schedule there is time allocated to the activity coordinator to attend the social activity needs of the residents who wished to remain in their bedrooms. This has been clearly identified in the new activity schedule.
- An audit schedule is in place for 2023 and all action plans will be disseminated to staff.
- Fortnightly management meetings between the PIC and PPIM will take place to ensure adequate monitoring and to assess the progress of the compliance plan to ensure that any barriers to addressing the Compliance plan can be highlighted to the appropriate personnel, these meetings will be reviewed in 3 months.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- All the schedule 5 policies will be updated and kept accessible to all staff to read with changes in the policies highlighted or indexed at the front of each policy document. There is currently work progressing at a CHW level to look at the development a policy portal for all units which will be maintained by a superuser.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> - This resident does have adequate storage facilities within the room. However, the resident wishes to have certain possessions near her. We are discussing with the resident an option of mobile storage which reduce the IPC and Health and safety risk. The PIC and PPIM are assured that the residents have adequate space to store their possessions in their room as far as is reasonably practical. Complaints and incidents will be monitored to give assurance that the provider is in compliance. <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations</i></p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A maintenance plan has been identified and agreed on, which will address the findings on the inspection. There is a system in place which ensures all day to day maintenance issues are addressed promptly without delay including weekends.</p> <ul style="list-style-type: none"> - The center has a designated maintenance personal representing the maintenance department who visits the centre on a regular basis. The PPIM will do visual inspections of the center on his regular/planned visits to ensure the centre is maintained to a high standard at all times. - All available storage areas are now appropriately dedicated and additional storage areas/cupboards created. This will ensure more segregated storage areas to eliminate health and safety and cross infection risk due to clutter. The staff have been advised to use the dedicated storage areas which are now marked clearly. - The electric light has been repaired and in good working condition. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

- The HSE IPC team does regular visits to the centre and inspects the IPC practices and risks. The team goes through the centre's IPC audits and gives feedback and suggestions where improvement required. Any issues or outstanding matters are also discussed in the management meeting in the view of finding a solution. This is an ongoing practice which will ensure adequate monitoring to protect residents from risk of infection.
- All staff have been asked not to continue the practice of sharing incontinence products and personal cleaning solutions. Two movable trolleys which were used for storage in communal showers have been taken out.
- Removed all the items on the floor to ensure effective cleaning, put up posters to remind staff not to place boxes on the floors in store rooms.
- A tick box system of marking once disinfected has been introduced.
- The supply of hand towels will be kept in a dedicated storage area to ensure it is not exposed to the dirty area.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire alarm system is an addressable system with monitoring capability. The addressable fire alarm system which monitors all system faults notifies Staff by means of panel buzzers which removes the need for the Staff to inspect the fire alarm each day as this requirement is automated.i.e. any faults such as:

- Power faults
- Battery faults
- Device faults
- Cable faults ETC will activate a fault buzzer in the main fire panel and the repeater panels beckoning Staff to the system.

The HSE Fire Safety Register sets out the guidelines and requirements for inspection of fire doors which trained and competent maintenance staff complete as appropriate. A Third party accredited contractor has just completed the fire stopping and maintenance are awaiting issue of confirmation letter.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> - All medicines for crushed administration are now individually prescribed. - All medication charts are now updated with the maximum amount of medicine that could be administered over a 24 hour period on an 'as required' basis. - As has always been the practice residents have access to their pharmacist as requested. The pharmacist has agreed to meet the residents every 3 months. - A HSE pharmacist has been appointed in the CHO to audit the medication management practices and procedures. Once the audit is completed, the findings and suggestions will be communicated and an action plan will be created and acted upon to address the findings. This will be included in the agenda of the regular management meetings to ensure progress is monitored. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> - A review of the care planning system is currently ongoing to identify areas of improvement required. All care plans and assessments are updated four monthly or sooner as required as per the regulations. - Assessments and care plans are now in place for discharging wounds. Nurses are keeping a photographic record of the wound at each dressing renewal to effectively monitor the effectiveness of the treatment plan - The behavior care plan of the resident is now updated to include all the de-escalation strategies being implemented by the staff - The care plan is updated to reflect all the interventions in the management of the wound, including repositioning plan. - A care plan to meet the needs of the resident with diabetes is now updated. - The care plan audit system will be in place to ensure proper consultation with resident or resident's family on their behalf has taken place. 	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care:	

- The wound care plan and assessments are updated to ensure high standards of evidence based nursing care. The planned regular care planning audits will continue to monitor all care plans to ensure the improvement is sustained..

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- 18 staff have completed positive behaviour training in Oct 2022 and we have organised responsive behaviour training on 27th March 2023. All staff are given opportunity to attend this training.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Three staff have been identified to carry out activities and have now completed training in Imagination gym. A new activity schedule has been created which includes a variety of activities to meet the needs of the residents and activity care plans have been updated to reflect new activities which will be delivered by designated activity staff who has appropriate knowledge and skills to meet residents' social activity needs. In this schedule there is time allocated to the activity coordinator to attend the social activity needs of the residents who wished to remain in their bedrooms. This has been clearly identified in the new activity schedule.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	03/04/2023
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/03/2023

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	21/04/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	20/03/2023
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.	Not Compliant	Orange	11/04/2023
Regulation 23(d)	The registered provider shall ensure that there	Not Compliant	Orange	20/02/2023

	is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	20/02/2023
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Substantially Compliant	Yellow	31/03/2023

	placement of residents.			
Regulation 29(2)	The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.	Substantially Compliant	Yellow	31/03/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	11/04/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2023

Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	28/03/2023
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	31/03/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais	Substantially Compliant	Yellow	31/03/2023

	from time to time, for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/03/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	14/03/2023
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	31/03/2023