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 2021
Centre ID:	OSV-0000626
Fieldwork ID:	MON-0032445

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. It's aspect overlooks the Atlantic to the south. Aras Mhic Dara provides residential services, respite and day care to the people of south Connemara. The centre provides accommodation for 34 residents. The centre has spacious living and dining accommodation and is set among secure and developed gardens. 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
Tuesday 27 April 2021	11:00hrs to 18:00hrs	Catherine Sweeney	Lead
Tuesday 27 April 2021	11:00hrs to 18:00hrs	Sean Ryan	Support

What residents told us and what inspectors observed

On arrival to the centre inspectors observed residents participating in a wide variety of activities and appeared to be actively socially engaged. This continued throughout the day of the inspection. The atmosphere in the centre was found to be vibrant, resident-centred and conducive to relaxed social engagement. Residents were observed to be comfortable and at ease in the company of staff. Communication with residents was mainly through Irish. Staff were found to be familiar with residents' needs and preferences and were observed to ask the residents for consent prior to any care interventions. Residents told the inspectors that they knew who was in charge and that they felt safe in the centre.

Residents told the inspectors that they had been through a difficult time during the COVID-19 pandemic but they were glad that things were improving. Residents described how visiting was being facilitated. Inspectors observed that on-site visiting was facilitated in line with the Health Protection Surveillance Centre (HPSC) visiting guidelines.

A schedule of activities was in place and all residents were facilitated to engage with the programme. A member of staff was allocated to activities and social engagement every day. While most residents chose to spend their day in the day room, some residents spent time in their rooms or in one of the many smaller communal areas in the centre. There was a staff member in attendance in the main day room area at all times.

Engagement with the local community was restricted during the pandemic and residents were delighted that they went on an outing recently. Residents told inspectors about their day out with a bus trip to the beach and stop off for ice cream.

Residents told the inspectors that they could talk to any of the staff if they had a problem or concern. A review of the complaint log, found that complaints and concerns, including minor dissatisfaction with the service provided was documented and addressed in line with the centre's policy.

Some residents spent the morning painting garden furniture, which they were proud to tell the inspectors would later house potted plants for the internal courtyard.

Inspectors observed staff communicating with residents, and residents reported that they were kept up to date with changes in the centre such as visiting arrangements and social activities. However, there had been no documented resident's meetings held since January 2021. This meant that there was no structured forum for residents to discuss issues relating to their lives in the centre.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to monitor compliance with the care and welfare of residents in designated centres for older people. The provider had submitted an application to renew the registration of the centre increasing, the registered bed numbers from 34 to 46. Inspectors also reviewed the detail of this application on this inspection.

There were 27 residents accommodated in the centre on the day of the inspection. A review of the rosters found that staffing was adequate to meet the assessed needs of the residents, and the size and layout of the centre. However, there was no documented staffing plan in place to ensure that staffing levels would be appropriate to meet the needs of a further 12 residents, as described in the application to renew that registration of the centre. A plan was also required to detail how staffing would be reallocated when the provision of day care services resumed.

The person in charge was supported by a clinical nurse manager and a team of staff nurses. A second clinical nurse manager, reallocated from the temporarily suspended day care facility was rostered to support care provision.

Mandatory training had been completed by all staff. All staff were adequately supervised and supported in the centre. The centre facilitated the training of student nurses. There were three students on site on the day of the inspection.

The support staff in the centre was made up of multi-task attendants (MTA). The MTA's were allocated to duties including care delivery, cleaning, kitchen duties, activities and laundry. All MTA's had completed training in the care of the older person.

A review of the daily rosters for the centre found that they did not identify each role of the MTA. The roster identified the MTA allocation for the kitchen, laundry and activities, identifying the MTA's who were allocated solely to those duties. However, on the days when these MTA's were not working, their duties are covered by MTA's from the carer roster. There was a separate allocation sheet available for review, but from a review of the rosters, it was not clear how MTA duty was allocated. The recording of MTA duty in the roster and the statement of purpose required review in order to identify how many hours were allocated to the separate duties of the MTA's.

The centre used a paper-based system to record residents' nursing notes. A number of significant errors were noted on review of these files. Inspectors found that the requirement of duplication of information for assessments, poses a risk to the accuracy of the information. For example, the assessment of a resident's weight was required to be documented in up to three places. Not all records had been updated with the correct information. Inspectors also found that out-dated assessments remained on file making if difficult to access the most the up-to-date information

and resident assessments.

While risk was well managed in the centre, the risk register had not been updated to review or close out historical risks. The risk register reviewed by the inspectors was paper-based and identified multiple generic risks. A second, electronic system was also in place which identified and managed the site-specific risks. Inspectors found that the paper-based system increased the risk of the risk register being time consuming and ineffective. A mid-day safety pause had been introduced, which was a positive initiative. This was used as an opportunity to communicate with staff in relation to identified risks, care plan changes, and any health and social concerns.

While there was evidence of good communication with residents on an ongoing basis, no residents meeting had been recorded since January 2021. This meant that any residents contributions or requests since that date were not documented and there was no evidence of any action taken to address issues which residents raised.

The provider had adequate resources in place to ensure effective delivery of care on the day of inspection. The centre had a clearly defined management structure with identified roles and responsibilities. The management team comprised of a HSE (Health Service Executive) services for older persons manager, a regional manager and the person in charge. A review of the minutes of the monthly governance meetings in the centre found that issues such as staffing, risk and fire safety issues were discussed and learning was identified. An annual review of the quality and safety of care for 2020 was available for review.

A system of clinical and environmental audit was in place. A review of the audits found that while relevant information was identified through the audit system, it did not inform a clear quality improvement plan including the identification to a responsible person or an action review date.

The provider had a complaints policy and procedure in place. A review of the complaints management found that it was in line with requirements under regulation 34.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre was submitted by the provider.

A review of the floor plans submitted was required to ensure that the information provided was clear and accurate. The statement of purpose also required review to include a breakdown of multi-task attendant duties and staffing allocation for increased occupancy.

Inspectors reviewed the detail of this application and found that further assurances were required to ensure that staffing levels, residents right's and fire safety issues were in compliance with the requirements of regulation.

Judgment: Substantially compliant

Regulation 15: Staffing

A staffing plan was required to ensure that the centre had adequate provision for an increase in occupancy from 34 to 46, and the recommencement of the day care facility in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the training records for staff found that all staff had received training in safeguarding of vulnerable adults, manual handling and infection prevention and control. All MTA's held a qualification in the care of the older person.

Judgment: Compliant

Regulation 21: Records

The documentation of records for the centre required review. This was evidenced by

- unclear roster allocation- It was not clear how MTA's were allocated for duty on the roster. On some days, MTA's rostered on the carer's roster were allocated to cleaning duties. This meant that it was difficult to assess the number of staff allocated to providing direct care.
- the role MTA's are not clearly identified within the centre's statement of purpose.
- paper-based nursing documentation system leading to errors in relation to assessment and care plan updates. For example, historical clinical assessments were filed with up-to-date assessments posing a risk to the accuracy of residents records.
- risk register management - for example, due to the number af active risks on the risk register, a number of the risks documented had not been reviewed and updated in a timely manner.
- inadequate records of communication with residents. For example, there was no documented evidence of the communication with residents in relation to the COVID-19 restrictions in place. The person in charge stated that residents had been updated on a one-to one basis however, no record had been kept.

Judgment: Not compliant

Regulation 23: Governance and management

The system of audit required review to ensure that issues identified informed the development of a quality improvement plan, with the person responsible for action and review date identified.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints policy and the complaints log found that complaints were managed in line with the centre's policy and the requirements under regulation 34.

Judgment: Compliant

Quality and safety

Overall, health and social care was found to be delivered to a high standard.

Inspectors found that a review of fire safety procedures was required to ensure all staff were aware of the action to be taken in the event of an emergency. A review of the access to showering facilities for some residents found that improvement was required to ensure that resident's rights are upheld in relation to having a choice of washing facilities within a reasonable distance of their bedrooms.

This inspection took place during the COVID-19 pandemic. The centre had remained free from COVID-19 throughout the pandemic period. A COVID-19 contingency plan was in place. All staff had received training in infection prevention and control, hand hygiene and the safe use of personal protective equipment (PPE). The centre was visibly clean and well organised on the day of inspection. Monthly infection control audits had been completed. Staff spoken with demonstrated an awareness of infection control procedures and practices observed were in line with national standards and guidelines.

A review of the risk register found that there was an on-going environmental fire risk in the centre. The person in charge had a risk assessment in place. During the feedback meeting the provider committed to ensuring that a robust action plan

would be put in place to mitigate this risk.

A review of the fire safety records found that the fire safety systems in the centre had been recently serviced. A review of the fire panel location was required as it was located outside the front door of the centre. The lock on the front door was activated by a key pad. In addition, a number of repeater panels did not have a floor plan on display. It would be difficult to determine where the alarm had been activated from posing a risk to a timely response to an emergency. Furthermore, a review of the compartment sizes within the centre was required to ensure that residents could be safely evacuated in the event of a fire. Fire drills reviewed did not provide assurance that the largest compartment in the centre could be evacuated with night time staffing levels in a timely and effective manner.

All staff had received training in fire safety. However, when asked, staff were unclear about the procedure to be followed in the event of the fire alarm activating. This could pose a significant risk to the safety of residents, staff and visitors in the event of an emergency situation.

Each resident had an individual assessment and care plan completed. Care plans reviewed were person-centred and contained the detail required to direct care. Care delivery was observed to be reflective of each resident's care plan. A review of the recording of nursing documentation was required to ensure that all assessments and care plans are reviewed in a timely manner, in line with regulatory requirements so that accurate and effective care plans can be developed. This issue has been further discussed under regulation 21, Records.

Residents had unrestricted access to a doctor of their choice. Residents were also supported by a team of allied health care professionals including a physiotherapist, occupational therapist, dietitian and chiropodist. Residents could also be referred to psychiatry of later life and palliative care when required. A review of resident's files found that recommendations made by allied health care professionals were integrated into the resident's care plans.

Regulation 27: Infection control

A review of the infection control systems in the centre found compliance with requirements under regulation 27, Infection control.

Judgment: Compliant

Regulation 28: Fire precautions

A review of fire safety management was required. This was evidenced by:

- poor staff knowledge of procedures to be followed in the event of a fire or emergency
- the floor plans for the centre identify that the largest fire compartment contained 15 beds. This would pose a delay to the evacuation of the compartment in the event of an emergency.
- some repeater panels did not have maps identifying the location of a triggered sensor.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Some nursing assessments and care plans had not been reviewed in line with regulatory requirements. For example, a review of the files of four residents found that some assessments and care plans had not been reviewed for over six months.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care supports. Residents received a high standard of evidence-based nursing care.

Judgment: Compliant

Regulation 9: Residents' rights

While residents reported a good quality of life in the centre inspectors noted that some residents did not have equitable access to showering facilities. On the day of the inspection inspectors observed residents being assisted to use shower facilities in vacant rooms. In one section of the centre residents did not have any close access to a shower facility. There was a bath in this section which was used regularly, however, if residents' chose to have a shower, they were required to travel a substantial distance within the centre.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially 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-0032445

Date of inspection: 27/04/2021

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**
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Application for registration or renewal of registration: The statement of purpose will be updated to reflect the MTA duties and allocation. The statement of purpose now contains the number of beds being applied for 42 beds as per application form and bathroom and en-suite details have been updated.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There is a standard staffing skill mix based on bed designation to ensure clinical care. Admissions will only be increased when staffing norms are met, to increase bed capacity from 34 to 42.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The roster has a clear allocation of MTA duty on a daily basis clearly identifiable by colour coded system. The risk register has been reviewed and the register condensed.	

Resident's forum meetings have re- commenced and notes from meeting recorded and available for all residents. Details of covid meeting and vaccinations with residents in each individual resident file. There is no nationally agreed electronic care plan system for Older People Services at this time, paper records will continue until national roll out

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: System of audits has been reviewed to insure identified development of a quality improvement plan that clearly states person responsible for action and review date clearly identified. Action Plans will be monitored to ensure implementation

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire training for staff includes a single point at main fire panel in the event of a fire alarm activation. The Provider commits not to increase capacity of single bedded compartment above eight until the compartment is subdivided. Thus reducing the compartment to a 7 bedded and a four bedded compartment. All repeater panels have a map beside it. Risk assessment completed in relation to Gorse with input from the HSE and Galway Fire Officers, both of whom have visited the site and reviewed the options. The identified actions will be implemented

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: The Nursing assessments have been reviewed and the DML folders to be reviewed and to remove all old assessments. The Care Plan reviews and maintenance of care plans to be discussed with nursing staff and a robust plan drawn up for review and feedback it will be a standing agenda for

monthly meetings.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: An additional shower room will be constructed in the section of the unit that currently only has a bath.	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	20/06/2021
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	29/06/2021
Regulation 21(1)	The registered provider shall	Not Compliant	Orange	30/06/2021

	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.			
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	30/06/2021
Regulation 28(1)(d)	The registered provider shall make 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.	Not Compliant	Orange	10/06/2021
Regulation	The registered	Not Compliant	Yellow	10/06/2021

28(2)(iv)	provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Yellow	10/06/2021
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	30/06/2021
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	Substantially Compliant	Yellow	30/08/2021

	residents.			