

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhic Shuibhne
Centre ID:	OSV-0000312
Centre address:	Mullinasole, Laghey, Donegal.
Telephone number:	074 973 4810
Email address:	aras@drumhill.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Drumhill Inn Limited
Provider Nominee:	Edel Clinton
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 June 2016 10:00 To: 29 June 2016 17:00

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

Outcome	Our Judgment
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection that was triggered by the receipt of unsolicited information regarding the care and welfare of residents. The aspects of practice described in the concern related to continence management, staff availability and allocation, communication with family members and availability of complaints procedures. This information and notifications received since the last inspection which was conducted on 2 and 3 November 2015 were reviewed during this inspection. The inspector found that there was adequate numbers of both care and nursing staff on duty to meet the assessed needs of residents, that the care and welfare of residents was well promoted and protected and that residents and relatives had access to an accessible complaints procedure.

Aras Mhic Shuibhne Nursing Home is located near Laghey in Donegal and is approximately six kilometres from Donegal town. It is registered with the Health Information and Quality Authority (HIQA) to provide care to 48 residents. The centre is a modern purpose built nursing home. It has a designated dementia care unit that accommodates 14 residents. The premises were visibly clean, in good decorative condition and was appropriately furnished and equipped when inspected.

During this monitoring inspection, the inspector met with residents, staff and visitors.

Care practice including continence management, wound care and social care were reviewed. A range of documentation such as care plans, accident records, staff rotas and policies and procedures were also examined. The previous inspection was completed over two days in November 2015. This was a thematic inspection which focused on dementia care. Ten actions were documented following this inspection. These described where improvements were required in the provision of dementia specific activities, care plan documentation and premises matters that included the provision of safe garden space and better dining room arrangements in the dementia care unit. All actions had received attention or were in the process of being completed.

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

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was compliant. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant events, as recorded in the incident book and all quarterly notifications had been supplied to the Chief Inspector by the person in charge.

Staff when interviewed told the inspector that nominated relatives are informed of any incidents or changes in the health or well being of residents by the nurse in charge or by the person in charge.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

There were 47 residents accommodated in the centre during this inspection and there

was a formal assessment of dependency levels completed to inform care practice and guide staff deployment. An action plan in the last report required that the dependency tool in use was reviewed as it focused primarily on physical care needs and did not capture the dependency created by dementia or confusion. This action was in progress and a more appropriate assessment tool was being explored.

From an examination of a sample of residents' care plans, discussions with residents, visitors and staff the inspector found that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. The inspector found that assessment information, care plans and daily progress notes provided an accurate overview of residents care needs. There was a range of evidence based assessment tools used to inform care plans and these included assessment of nutrition needs, vulnerability to falls, the probability of developing pressure area problems, continence care and pain management. Care plans reflected the assessments and informed care practice and nursing interventions. There was review process and care plans were updated at the required intervals and in response to a change in a resident's health condition.

The inspector reviewed wound care plans, continence care, nutrition and personal care to assess compliance with this outcome. Care plans for the promotion of continence and the management of continence problems were found to reflect residents' specific needs. In one care plan the inspector found that staff were ensuring that the resident remained continent and had measures in place that included prompts regarding the time, ensuring that she had appropriate fluids and fibre in her daily diet and was supported to go to the toilet if needed by staff. Reviews of the care plan indicated that the measures in place were effective as the resident remained continent. There were four wound care problems in receipt of attention. Two wounds were pressure related, one was consequent to a medical condition and one to a skin tear. There were wound care plans in place for all wounds. The method for cleaning, the dressings to be applied and the timeframe to change and review dressings were described. The records confirmed that advice from a tissue viability specialist had been sought and recommendations made had been incorporated into the relevant care plans. Additional care that included enhanced nutrition, position changes and monitoring of food and fluid intake was in place to aid healing.

The inspector found that residents' physical and social healthcare needs were met. Residents had access to general practitioner (GP) services, to a range of other allied health professional services and to a variety of social opportunities. The activity programme was undertaken by health care staff and there were activities organised for each day. Residents told the inspector that they enjoyed singing sessions, bingo and talking about the local news.

The inspector noted that assessments and care plans were reviewed regularly and that residents and/or their relatives had been consulted about their care and treatment and there was ongoing dialogue with families to keep them updated with resident's progress and treatments. Visitors confirmed to the inspector that staff discussed the care and progress with them regularly and said that plans for discharge and future respite care were outlined.

The inspector found that staff knew residents well and were familiar with how they wished their care to be delivered. They were for example aware of where residents wished to sit during the day and knew when residents liked to return to their rooms to rest, watch television or read.

Residents were observed to be adequately supervised by staff when in communal rooms and residents who spent time in their rooms were visited periodically by staff.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The building is purpose built and generally meets the assessed needs of residents and the requirements of Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in designated centres for Older People). The last inspection identified two areas for improvement. Safe outdoor space for residents apart from that which is accessible from the dementia unit was required and the dining area in the dementia unit lacked features that defined it's purpose. These two actions were in progress. The inspector was told that new furniture had been ordered for the dining room and the exterior works were being planned.

The centre was appropriately furnished and had a variety of seating including normal armchairs, specialist chairs and equipment including hoists for undertaking moving and handling manoeuvres. All areas were well decorated and well maintained. There was a variety of sitting areas and hallways had seating at intervals so that residents could sit and rest if they wished when walking around the centre.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector saw that the complaints procedure was prominently displayed in the entrance / reception area of the centre. The person in charge was the nominated person to address complaints and there was a record maintained of all complaints and any associated investigation. There were no complaints being investigated at the time of the inspection.

Nurses said they addressed any matters highlighted by residents and informed the person in charge of any matters they addressed or that required her attention.

Two visitors interviewed said that if they had concerns they would approach the person in charge or the nurse in charge if they had a serious concern. They also said that they would raise issues with any member of staff as they "had confidence that it would be dealt with".

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

This outcome was reviewed in detail during the dementia thematic inspection conducted during November 2015 and was found to be substantiailly compliant. The inspectors found that activites for residents with dementia required review and expansion to ensure

that all residents had access to meaningful social activity that met their needs. This action had been addressed. The provider had completed the sensory activity course Sonas which had been in progress at the time of the last inspection and sessions of this activity were regularly scheduled.

The centre had the contact details of advocacy services including the national advocacy service.

Residents could have visitors at any time and the inspector saw that people came and went throughout the day. Visitors confirmed to the inspector that there was no restriction imposed on when they could visit.

Residents were noted to have assistance when they required it and the inspector observed that communal areas were supervised as soon as residents were up and started to use them. Clothing was noted to be stored neatly in rooms. Residents were appropriately dressed and all clothing was observed to be clean and appropriate.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on the management of residents clothing and possessions and a record was kept of each resident's personal property. Residents' personal clothing was labelled and was laundered on site. A new labelling system that was regarded as more discreet and more durable was being introduced. The inspector viewed the laundry area, checked items of clothing and found that all items viewed had labels in place.

Residents said there had been no problems with the laundry service and that clothing was cared for well and returned safely to them. Staff told the inspector that each resident had a member of staff who "advocates" on their behalf and ensures that they have an adequate supply of personal hygiene items and clothing. When new supplies are needed these are requested from family members or residents purchase their own requirements. Staff said they advise family members to identify or label clothing when new items are brought into the centre to avoid loss or items being mislaid.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The person in charge said that qualified nurse deployment was reviewed regularly and two nurses were deployed for on duty during the day except for a short period between 18.30 and 20.30 hours. A second nurse was allocated during this time when residents' needs indicated this was required.

On the day of inspection, there two nurses and seven carers on duty until 14.00 hours. After that there were two nurses and six carers on duty until 20.00 hours. At night, there was one nurse and three carers on duty. The person in charge and ancillary staff such as cleaners and administration staff were additional to these numbers. Staff told the inspector that they were well supported, worked together as a team and placed a high priority on ensuring that residents were comfortable and happy in the centre. The inspector found staff to be well informed about residents needs, they could describe where residents had specialist needs at meal times and they knew their roles and responsibilities well. The inspector observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting rooms throughout the inspection day.

Visitors interviewed said that staff were readily available when residents needed assistance and also said that staff had time to talk to them when they visited. They described particular aspects of care that they valued such as staff providing ongoing support to residents to help them maintain their independence by encouraging them to walk from sitting areas to dining rooms and around the centre and the positive attitudes staff had towards the care of older people.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Action Plan

Provider's response to inspection report¹

Centre name:	Aras Mhic Shuibhne
Centre ID:	OSV-0000312
Date of inspection:	29/06/2016
Date of response:	08/09/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The garden area outside the dementia unit was uneven in places and there was no other secure garden space for residents accommodated in the general unit area.

The design and layout of the dining area in the dementia unit required review to provide an environment for residents with dementia.

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

1. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

It is hoped that works will commence in October to deal with the subsidence issue within that area. Our dementia unit is currently being updated and there has been a number of additions made in order to provide a improved environment for residents with dementia.

Proposed Timescale: 31/10/2016