

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Aras Mhic Shuibhne
<b>Centre ID:</b>	OSV-0000312
<b>Centre address:</b>	Mullinasole, Laghey, Donegal.
<b>Telephone number:</b>	074 973 4810
<b>Email address:</b>	aras@drumhill.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Drumhill Inn Limited
<b>Provider Nominee:</b>	Edel Clinton
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Gearoid Harrahill
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	2

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 09 February 2017 10:00 To: 09 February 2017 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially 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 monitoring inspection was unannounced and took place over one day. The inspectors found the centre was well organized, an appropriate number of staff in a varied skill mix including activity staff were on duty and the health care needs of residents were appropriately addressed. Staff on duty including nurses, carers, administration staff and the person in charge provided information on how the service operated, care practice and their specific roles. Throughout the inspection the delivery of care was observed and documentation such as care plans, medical records, accident/incident reports, policies and procedures were reviewed. The inspectors also talked with residents and visitors about their experience of services in the centre.

Residents said they were content, satisfied with standards of care, the food provided and the facilities. They described their rooms as comfortable and said that they enjoyed the activities that were organised each day. Visitors said they were made welcome and relatives said they were contacted promptly about changes in their relative's health. They knew how to make a complaint if the need arose and

conveyed that staff treated residents with respect and promoted their dignity. Residents that the inspectors talked to said that they were "well cared for" and described the staff as "helpful and approachable". One resident said that there was "nothing to complain about" and said that staff always made time to listen when they wanted to talk or had queries. Residents also said they enjoyed a range of activities. They also confirmed that they felt safe in the centre and attributed this to staff being available when needed.

Aras Mhic Shuibhne Nursing Home is a purpose-built facility that is registered to accommodate 48 residents who need care on a long or short term/respite basis and who have convalescence, rehabilitation, palliative or dementia care needs. It is located near Laghey in Donegal and is approximately six kilometres from Donegal town. The centre has a dedicated dementia care unit that can accommodate 14 residents. The building was comfortably warm, had good levels of natural light and was well decorated.

There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The centre was clean and well organised. Staff were familiar with the fire safety arrangements, the location of firefighting equipment and the actions they were required to take should the fire alarm be activated. However the records of the fire drills completed required review to indicate what scenario was enacted, the response of staff and if any improvements or changes were identified as a result of the exercise. There was an ongoing programme of decoration and maintenance. There is outdoor space surrounding the centre however it is not safe or secure for residents and this has been identified for attention in several reports. The inspectors were told that this matter is due to be addressed by the provider during 2017.

Care, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves and by encouraging residents to remain stimulated and engaged in social activity. There was a varied social care programme with interesting activities organised each day and a member of staff was allocated to ensure activities took place as scheduled. There was an ongoing training programme for staff and all staff had completed training in the mandatory topics of adult protection, moving and handling and fire safety. Training on dementia care was being provided as part of the annual training programme.

The inspectors noted that there was good access to primary care services including mental health services and residents had timely assessments and intervention from allied health professionals. The person in charge and the nurses who take charge in her absence demonstrated good knowledge of the legislation and standards throughout the inspection process. The inspectors found that there was a strong commitment to ensure compliance with legislation and to ensure residents had a good quality of life that met their needs.

The last inspections of the centre were conducted on 2 November 2015 and 29 June 2016. Areas that were noted to need attention and described in action plans had been addressed with the exception of the provision of safe outdoor spaces for

residents. This was scheduled for attention during 2017 the inspectors were told. The inspectors found that the centre was operating in an effective and accountable manner and that the aims and objectives set out in the statement of purpose were being met in a way that ensured residents well being.

During this inspection a high standard of compliance was found across the outcomes inspected. In addition to the areas described above improvements were required to call bell access in communal areas and to access to the smoking area. The distribution of hand gels needed review as their location on handrails interrupted access to the handrail and the substances could present a risk to some residents. These areas for improvement are further discussed in the body of the report and in the Action Plan at the end of this report.

**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 Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There had been no change to the role of person in charge since the previous registration. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full time in the centre.

She demonstrated good clinical knowledge and understanding of her legal responsibilities under the regulations and standards. She had engaged in continuous professional development and confirmed that she kept up to date by attending conferences on topics of interest. Her mandatory training in adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

She and the provider representative engaged in regular discussions about the service and said that there was a commitment to ensuring a high level of compliance with the regulations and standards.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

**Findings:**

Appropriate procedures were in place to manage suspected or alleged instances of abuse towards residents. All nurses, care assistants and ancillary staff had received recent training in the protection of vulnerable adults. Inspectors spoke to a selection of staff and found them to be knowledgeable about the different categories of abuse and how they would report and ascertain facts in the event of a potential or confirmed abuse incident.

The centre held for safe keeping money and valuables on behalf of a number of residents. This property was kept in a locked safe. A log of all incoming and outgoing cash and items was maintained and each entry/transaction was signed by two staff. Inspectors reviewed a random sample of resident's property /financial records and found the recorded balance corresponded to the actual amount in the safe. Receipts related to the expenditure were also maintained.

The staff were observed to be vigilant with regard to people coming and going in the centre. A visitors' book at the entrance door was readily accessible and noted to be signed by people coming and going throughout the day. The inspectors observed that staff were familiar with residents' families, and established who a visitor they did not recognise was, before allowing them to enter the building.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

The provider had systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was a comprehensive risk management policy in place. There was information on general hazard identification and a risk register that outlined general and environmental risks as well as a range of clinical risks. The general hazard areas identified included moving and handling situations, accidents and incidents, infection control management and work practices related to laundry and catering. The

clinical risks identified included falls management, skin vulnerability and compromised nutrition status. There were good descriptions of the potential risks and the control measures in place to minimise hazards.

The centre kept a detailed log of in-house and external regular tests and servicing of the alarm systems, emergency lighting, evacuation routes and fire fighting equipment. The centre evacuation routes were clear and the fire exits and extinguishers were clearly labelled and free of obstruction. The fire assembly point was prominently identified and the evacuation procedures with floor plans were posted on the walls of the centre. The fire box in the lobby contained a personal emergency evacuation plan (PEEP) for residents, listing the residents in each fire zone and the level of cognitive understanding and physical assistance required for each person in the event of an evacuation. Emergency movement sheets were available under all beds and staff had been trained in their use. Accommodation arrangements were in place in the event that the residents were unable to return to the building following an emergency event.

Staff were familiar with the horizontal evacuation procedure and who would act as a fire warden taking charge of evacuation instruction. Staff were all up to date in their mandatory fire safety training and all staff were noted as having participated in 1-2 simulated fire drills each year. The dates of these drills were recorded but there were no details of the times drills took place, problems encountered, factors that could cause potential delay in evacuation, or feedback to maximise learning from the drills undertaken to inform future drills or actual evacuations particularly when staffing levels were lowest such as night time.

Good infection control practices were in place in the centre. Visitors had been limited at times during the winter months when the potential for the spread of colds and other viral infections was highest. No residents were ill in the centre at the time of the inspection, but staff were familiar with infection control procedures where required. A separate trolley was used for cleaning identified rooms, and disposable gloves and aprons were available. Staff identified the antiseptic cleaning fluids used for cleaning bodily spills. Regarding general cleaning, mops were separated based on the type of room being cleaned, and reusable mop heads were separated, contained and laundered. Soiled clothing was segregated in alginate bags for sluicing before being washed. There were appropriate sluicing facilities in the centre. However, some sluice rooms, some of which were located next to residents' bedrooms, were not secured including a sluice area in the dementia care unit. These areas could present hazards should residents enter by accident as they contained equipment and chemicals. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. The location of hand gels required review as some were left on handrails and this could present a hazard to residents with dementia, interrupted use of the handrails and containers could easily be removed. Hand washing and hand drying facilities were located in all toilet areas. There were supplies of personal protective equipment available which were accessible to staff. The wooden shelving in sluices had been varnished to ensure that surfaces were impermeable and could be appropriately cleaned.

Accidents and incidents were recorded and were reviewed by the person in charge who identified areas for learning that included prevention measures and general advice to



staff. The review undertaken described the number and nature of events and the time they took place and formed part of the learning culture from serious incidents/adverse events involving residents.

Measures were in place to prevent accidents in the centre. However, the surrounding grounds required attention as the surface was uneven in several places. This had been identified for attention in a number of previous inspection reports. The building was clutter free and there were grab rails on each side of hallways and in bathrooms and toilets. Equipment was observed to be stored safely and securely. Manual handling assessments were available, were up to date and reflected resident's dependency and included the type of hoist to be used during transfers. All staff were trained in moving and handling of residents and were aware of the timeframes to complete training and refresher courses on this topic.

The centre had a missing person procedure and there were safety measures in place to ensure that residents did not leave the building unnoticed. Exit doors were alarmed and the dementia unit was secure.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were safe systems in place for the management of medicines. A large clinical area was available for the storage of medicines and medicine trolleys. This area was well organised and contained a range of clinical equipment and the policies, procedures and good practice guidance that applied to medicines management.

Nurses were well informed about the medicines in use and residents' individual regimes. The inspectors found that there was an arrangement in place for the regular review of medicines by doctors. There were established multidisciplinary working arrangements developed by staff and medication regimes were altered where necessary following specialist assessment or review. Residents had a choice of pharmacist and staff said they facilitated residents' wishes in relation to which pharmacist supplied their medicines.

Medications that required special control measures were appropriately managed and

kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There were no actions required from the previous inspection. Nurses said they observed carefully residents' responses to medication particularly when changes were made to medicine regimes. The inspectors saw that these observations and responses to treatment were recorded in the daily records maintained by nurses. In the dementia care unit residents were observed closely when taking medication and where problems arose with swallowing medication, liquid preparations were used where available.

Staff had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. There was a doctor's signature for all medication prescribed and where medicines were discontinued.

Some medicines were administered weekly and the inspector found that where this was the case the administration record was not always signed but the medicines had been administered appropriately. The administration record would benefit from review to ensure staff have an alert to remind them to sign for medication not given daily.

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

There were 46 residents in the centre during the inspection. There were 34 residents with maximum or high level care needs. Eight residents were assessed as medium dependency and there were four residents who required low level intervention. Many residents were noted to have a range of healthcare issues and the majority had

problems associated with dementia.

The arrangements to meet residents' assessed needs were set out in individual care plans. The inspectors found a good standard of personal and nursing care was in place and good access to medical and allied health care professionals was available. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. There was a record of the residents' health condition and treatment given completed during the day and at night.

The inspectors reviewed four resident's care plans in detail and aspects of other care plans that described nutritional issues, wound problems or potential for responsive behaviour. Care plans for residents at a high risk of falling and where bedrails were in use were examined. The plans of care were noted to be updated at the required intervals and in response to changes in residents' health conditions. The risk assessments completed were suitably linked to care plans where a need was identified. Staff demonstrated good knowledge of the residents care needs and understanding of each resident's background in conversations with the inspectors.

There was information available that confirmed that residents or their representatives were involved in the development and review of the resident's care plan. The inspectors found that the evaluations and reviews required expansion to provide an overall view of residents' care and well being. For example there were few references to residents' social care in the reviews although there was a varied social care programme in place and residents were noted to have active social care input daily.

Care plans for residents with dementia were found to be person-centred and to outline information on orientation such as who residents recognise or what activities/abilities they could still undertake to guide staff practice.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's reviewed medicines as part of the general review. Access to allied health professionals that included speech and language therapists, dieticians, occupational therapists and mental health specialists was available. The recommendations made by these professionals was recorded and observed to be included when care was delivered.

On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspectors noted that the assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. A member of staff was allocated to undertake social care activity daily. She was observed to encourage residents to participate and residents said that they enjoyed the activity available each day. In the dementia unit, residents were observed to have a high level of staff support and there were additional activities organised daily by the care staff team.

There was three wounds receiving attention and all were noted to be responding to the treatment regimes in place. All were related to medical conditions or consequent to surgery. There was a wound management policy to guide the staff on wound care practice. The inspector saw that records outlined the size and extent of the tissue damage, the dressings in use and progress each time the dressing was changed. Staff were well informed on wound care practice. A pressure wound that required care during December and January was noted to have healed well and the resident was being helped to mobilise for short distances to prevent further problems developing.

There were some residents with behaviours that challenged such as wandering, interfering with fixtures and fittings, resistance when personal care was in progress and who required high levels of observation. The inspector saw that staff engaged residents constructively and supervised them closely to ensure their safety. The inspector formed the opinion that appropriate care was delivered to residents and that their welfare was promoted.

**Judgment:**  
Substantially 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:**  
Aras Mhic Shuibhne is a modern purpose-built, single-storey nursing home that provides care to dependent persons on a long and short term basis. It can accommodate 48 residents and includes a unit dedicated to the care of people with dementia. Fourteen

residents can be accommodated here. The centre is located in a rural setting. It is suitably designed and laid out to meet the needs of the residents. There are 40 single bedrooms and four twin bedrooms for residents' use. All have en-suite toilet and shower facilities. The front of the building has a spacious central atrium which served as a communal hub as the nurses' station and some seating were located here. There were two large sitting rooms and a dining room adjacent to this area. All rooms were comfortable and appropriately decorated and had adequate natural light. Bedrooms were personalised and were observed to have residents' own personal items and ornaments on display. Bedrooms with more than one resident had appropriate privacy screening and there was suitable storage space for residents' belongings, including lockable storage for valuables.

The building was comfortably warm, clean and odour free. There was appropriate equipment for use by residents and staff which was maintained in good working order. Equipment, aids and appliances such as hoists, wheelchairs, hand rails were in place to support and promote the independence of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use all equipment.. There were suitable and sufficient toilet, bath and shower facilities. Dining and sitting room facilities were adequate, well decorated and attractively furnished. There were call bells available in bedrooms and in communal areas however some call bells were not as accessible as they could be to residents as they did not have a cord, were not well identified and would not be useful should a resident fall to the floor and wish to summon assistance.

The dementia care unit was self contained and had a sitting room and a sitting/ dining area. The latter had been refurbished since the last inspection and the environment had been enhanced by furniture and fixtures that were comfortable and suitable for the needs of residents accommodated here. This unit was secure and residents were able to walk around freely as the area was open plan. It was well decorated with murals of shop fronts that reflected a street in Donegal town. Additional murals of farmland on walls in the courtyard the windows provided an interesting outlook where residents would otherwise have poor external views. Each bedroom door featured a memory box for residents and these contained photos and props related to their life, home town, or occupation. Bedroom doors had been fitted with electronic holdbacks which would disengage in the event of a fire where residents' wished to have their door open at night.

The centre's corridors were appropriately designed to ensure residents could walk around with ease. There were no slopes or steps obstructing mobilisation, and there were visible handrails along both sides of corridors. Seating areas were available at intervals along hallways which provided spaces where residents could rest when walking around and quiet areas if residents wished to be away from the main sitting areas. There were adequate bathroom facilities in close proximity to the communal areas, and these, as well as en-suite facilities, were appropriately equipped with assistive features such as grab rails and low level sanitary ware.

There was appropriate assistive equipment available in the centre and this had been serviced regularly. General maintenance and cleanliness was of a high standard. There was appropriate storage for cleaning supplies and linen. There was a laundry and this

included suitable equipment to launder personal and general laundry for the number of residents accommodated, including separate facilities for washing soiled laundry and manage infection control procedures.

An action plan that has been outlined in previous reports relates to the lack of availability of safe outdoor space for residents to use. The inspectors were told that this matter was due to be addressed during 2017. Planning was underway as to how the space would be designed to ensure maximum benefit to residents. The premises had a number of access points to external areas but the external surfaces were uneven and were not suitably secured at the front of the building for resident safety.

**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 centre had a complaints policy and an associated procedure which was displayed prominently in the main reception area. This identified the person in charge as the complaints officer, and outlined the procedure the complainant may follow if unsatisfied with the outcome of their complaint at centre level, listing the contact details for the ombudsman and the independent appeals contact.

The centre had not received a formal complaint since 2014. Inspectors reviewed the record of past complaints and found it to clearly document the timeline of the complaint, any correspondence relating to it, and the satisfaction status of the complainant. Staff were also knowledgeable of the procedure to follow with recording verbal complaints.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were observed actively and enthusiastically engaging in physical and mental activities with staff, such as chair exercises and tabletop games. The activities record included a list of activities completed with residents each day. There were some photos and a list of residents who engaged in each activity together with notes on their level of participation.

Residents spent most of the day in the two main day rooms or in the main lobby which was adjacent to the two sitting rooms. This allowed residents to engage in the general coming and going of visitors and staff and provided opportunities for stimulation and conversation. There were televisions in the sitting rooms and their placement and that of the chairs did not make them to the sole focal point of the room. Interactions between residents and staff were observed to be polite and friendly, and staff sat with residents when making conversation to ensure maximum engagement.

**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 were suitable laundry facilities in the centre, and clothes were washed, dried and ironed on-site. All clothes were separated in baskets for each resident, and all clothing was identified as belonging to residents with a number button or with permanent marker. The laundry room had a sink for rinsing soiled clothing.

Residents' bedrooms had adequate storage for their possessions, including lockable storage for valuable items or documents that residents wished to keep with them. The

centre created an inventory of belongings and clothing when residents were admitted, updating it as necessary. The centre held some valuables for residents in a safe. There was a full record of the items that belonged to residents. Inspectors found the log entries to match the contents held in the safe in the sample of residents' records reviewed.

**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):**

No actions were required from the previous inspection.

**Findings:**

Staff were observed interacting with residents in a polite, patient and, where relevant, dementia-friendly manner, and demonstrated their knowledge of the personalities, preferences of the residents readily. Interactions were person-centred and the staff did not rush or hurry about the centre in their duties, keeping engaged with residents. Staff spoken to were clear on their role and their lines of accountability, felt supported by their respective managers and said that they had sufficient resources to perform their duties.

A selection of personnel files across all categories of staff were reviewed and these were found to contain all identification, qualification and vetting documentation required under Schedule 2 of the regulations. All nurses working in the centre had confirmation of their 2017 registration with the Nursing and Midwifery Board of Ireland. The centre did not require arrangements for eternal agency staff and did not have any volunteer staff.

All staff were up to date on their mandatory training in areas such as fire safety, manual handling and protection against elder abuse. Almost all care staff and nurses had training in caring for residents with dementia, and in caring for residents on palliative care. There was good supplementary training for all staff, such as in hand hygiene, nutrition and hydration, and infection control. A training matrix for highlighting when training required attendance or a refresher session was clear and well maintained in the centre.



The inspectors 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 inspector was satisfied that the staff allocation for day and night duty was appropriate to meet the needs of residents. There were two nurses on duty during the day in addition to the person in charge. Seven carers were on duty. This care staff team was supported by housekeeping, maintenance, catering and laundry staff. At night there was one nurse and three carers on duty. From the information provided the inspectors concluded that there was sufficient staff to meet residents care needs as evidenced during the inspection.

The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit had been developed among staff. There were regular staff meetings for nurses and carers and these were used to discuss varied aspects of the operation of the service that included care practice, residents' care needs and training.

**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:***

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Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

Centre name:	Aras Mhic Shuibhne
Centre ID:	OSV-0000312
Date of inspection:	09/02/2017
Date of response:	29/03/2017

#### 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 08: Health and Safety and Risk Management

##### Theme:

Safe care and support

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

The surface areas around the centre were uneven and presented a hazard to residents when outside and when getting in and out of vehicles.

##### **1. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout

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

the designated centre.

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

Outdoor works have commenced to deal with the subsidence issue. A safe communal area outside for the main floor residents has also been considered in the planning process. These works are hoped to be complete by 30th June 2017

**Proposed Timescale:** 30/06/2017

**Theme:**

Safe care and support

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

Records of fire drills did not identify potential problems, delays or areas for future learning. The time and duration of drills, and number persons present during same, were not recorded.

**2. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Although Fire drills are carried out thoroughly throughout the year we understand the importance of documenting how thoroughly they are actually carried out. We have adopted a new format of report which records our simulated evacuations in a much more detailed account.

Proposed Timescale: Immediate

**Proposed Timescale:** 29/03/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some medicines scheduled for weekly administration had not been signed although they had been administered.

**3. Action Required:**

Under Regulation 29(5) you are required to: 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.

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

We have added an alert to our drug trolley to remind staff to also document if there are weekly medications. This alert is a clear visible reminder.

Proposed Timescale: Immediate

**Proposed Timescale: 29/03/2017**

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Reviews and evaluations of care lacked information on residents participation in social care or how this impacted on their general well being.

**4. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All nursing staff allocated to particular residents care plans are aware now to include everything that is actually carried out with the resident in regard to meaningful activities.

Proposed Timescale: Immediate

**Proposed Timescale: 29/03/2017**

### **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:**

Call bells to enable residents to summon assistance were not fully accessible in communal areas as they were located on the wall, were not readily identifiable and did not have a pull cord.

**5. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

there is a call bell located within the days rooms at the entrance, We are currently looking into independent buzzers that the residents can have on their tables in order to summon attention however generally there is always someone around between the dayrooms should anyone require assistance at any time.

Proposed Timescale: Immediate- (30.04.17 to source indep. buzzers)

**Proposed Timescale: 30/04/2017**

**Theme:**

Effective care and support

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

The external grounds of the centre did not provide a safe, secure environment for residents to use. There was no outdoor area that residents could use safely to get fresh air.

**6. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Outdoor works have commenced to deal with the subsidence issue. A safe communal area outside for the main floor residents has also been considered in the planning process. These works are hoped to be complete by 30th June 2017

**Proposed Timescale: 30/06/2017**