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:	Aras Ghaoth Dobhair
Name of provider:	Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	02 April 2024
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0039392

About the designated centre

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

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004 providing continuing, convalescent and respite care to male and female residents primarily over 65 years with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued, and where their primary needs can be met in a warm homelike atmosphere without undermining their dignity, privacy or choice. An objective of the service is to provide a high standard of care and treatment in keeping with best practice and current legislation, to dependent people who can no longer live at home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38

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 2 April 2024	20:10hrs to 21:50hrs	Nikhil Sureshkumar	Lead
Wednesday 3 April 2024	09:10hrs to 17:25hrs	Nikhil Sureshkumar	Lead
Wednesday 3 April 2024	09:10hrs to 17:25hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The inspectors spoke with many residents during this inspection, and their overall feedback was positive and complimentary of the staff and the quality of care in the centre.

Many residents commented that the food provided in the centre was of good quality and that staff interactions were respectful. Some residents commented that they enjoyed the social outings and were looking forward to future outings.

Aras Ghaoth Dobhair is located in Derrybeg, a Gaeltacht village in the West of Donegal. The centre is a single-storey building with two units, namely the dementia specific unit and the general unit. Upon arrival, following an introductory meeting with the person in charge, the inspectors went for a walk around the centre.

The centre has a large reception area, which was well-maintained. The centre had a relaxing ambience. Clear signage was in place to direct residents and visitors. The corridors were well-ventilated, bright and generally kept clean. The centre was undergoing fire safety works, and some sections of this centre were closed off and inaccessible to residents and visitors.

The communal room was well-maintained. There were sufficient seating arrangements in these communal rooms for residents to relax and participate in group activities. The centre also has an internal courtyard with seating arrangements for residents to sit and relax. This area was well-maintained, and residents could access it without any restrictions.

The inspectors went to see some residents' bedrooms and found that the general cleanliness of the bedrooms was satisfactory. Residents had access to a wardrobe to store their clothes and a bedside locker.

Hand hygiene facilities, such as hand sanitiser, were installed at appropriate locations in this centre. However, most of these hand sanitisers were not in working order and had not been repaired promptly, which was hindering staff, residents, and visitors from practising effective hand hygiene.

The inspectors observed that staff supported residents to take part in various activities in the communal room in the dementia-specific unit. The residents were mostly in the company of staff in the dementia-specific unit, and group activities such as drawing, gentle chair exercise sessions, quizzes and table games were provided to residents. Some residents from the general unit, who could participate in these activities, were facilitated to attend.

However, inspectors observed that most of the other residents who stayed in the communal rooms in the general unit were not sufficiently supervised and supported

to take part in meaningful activities. Television viewing was the main activity programme that was offered to these residents.

Call bells were answered without any delay, and the inspectors observed that residents appeared to be well cared for in the centre. Staff demonstrated appropriate patient moving and handling techniques and attended to the care needs of residents in a respectful and dignified manner.

Staff interactions with the residents were observed to be kind, pleasant and respectful in both units; however, staff interactions were limited in the general unit. The inspectors observed that most of the interactions between the care staff and residents took place during care interventions, such as assisting with personal hygiene and during meal times.

Residents were served refreshments at regular intervals. Sufficient staff were available to assist residents during meal times, and meals were not rushed. A sufficient quantity of food was available in the centre, and the food served appeared wholesome and nutritious. Menu choices were available to the residents, and the inspectors observed a number of staff speaking with residents in Irish during meal times. A system was now in place to ensure that the residents' food requirements were communicated effectively to relevant staff and that staff were knowledgeable about residents' food preferences.

The inspectors observed that the residents had no restrictions in place to receive visitors, and residents were happy with the current arrangement. Some visitors spoke highly about the service offered in this centre and informed the inspectors that the staff in the centre were very supportive.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that the provider had made some improvements in the oversight of the care and services provided to the residents since the last inspection. However, more focus and effort are now required to further improve the governance and management of the designated centre and to improve compliance in a number of areas including monitoring and oversight systems, staffing, records, and contracts.

This unannounced inspection was carried out over two days to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in September 2023. Inspectors also followed up on the statutory

notifications and unsolicited information of concern received by the Chief Inspector's office since the previous inspection. A number of these concerns were related to the provider's governance and management arrangements in the centre and were found to be validated on this inspection.

The provider of the centre is Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta, which is a voluntary board consisting of six members. The person in charge works full-time in the designated centre, and they report to the provider's representative and the board. The reporting structures had significantly improved since the last inspection; however, the supports for the person in charge who was new to the role in August 2023 were not in place.

In May 2023, significant non compliances in relation to Regulation 28, Fire precautions were found and the Chief Inspector attached a restrictive condition to the registration of this centre to ensure action was taken to address fire safety risks in the centre by May 2024. A subsequent inspection in September 2023 found that the provider had made some improvements in relation to overall compliance with the regulations. The provider was still in the process of completing significant fire safety improvement works in the centre and fire safety processes continued to improve on this inspection.

Management meetings with the person in charge and the provider occurred at regular intervals, and key performance indicators such as accidents and incidents, complaints and safeguarding incidents were found to be discussed during these meetings. However, the provider's governance and management of the centre was not robust and did not fully align with the requirements of the regulations. This is further discussed under Regulation 23: Governance and Management.

The inspectors reviewed the centre's staffing arrangements. A nurse was on duty at all times in this centre; however, a sustainable and safe staffing system was not in place, especially to manage unplanned staff absences. As a result, six nursing shifts had not been filled for a number of days, and on some occasions, the person in charge and the centre's clinical nurse manager had to do additional duties to fill these vacancies. This impacted the nursing management team's ability to ensure appropriate supervision and support of staff. This is further discussed under Regulation 15.

A schedule of staff training programmes was available in the centre, and staff were provided with appropriate training relevant to their role. Overall, staff had good access to mandatory training and were up-to-date with training requirements. Interviews with staff confirmed the same. However, the inspectors found that the arrangements in place to supervise and support staff to implement the infection prevention and control procedures were insufficient, which is further discussed under Regulation 16: Training and Staff Development.

The inspectors reviewed a sample of Schedule 2, 3 and 4 records kept in the centre. The records that were required to be kept in the centre with respect to each resident and other records, as required under Schedule 4 of the regulations, were generally well-maintained. However, the inspectors observed that the provider had

to make significant improvements in ensuring that the staff files contained all the relevant documents specified under Schedule 2 of the regulations, and this was a repeated non-compliant finding from the previous inspection.

The inspectors reviewed a sample of contracts and found that the provider had not implemented the compliance plan they committed to completing following the previous inspection. As a result a number of contracts did not meet the requirements of the regulation.

The centre had a complaints policy in place, which clearly detailed the time frames to investigate and conclude the complaint investigation. In addition, the provider had arrangements to ensure that the complaint officer was provided with additional training to deal with complaints. However, the centre's complaint procedure was not prominently displayed in the centre, as required by Regulation 34. In addition, the complaints process had not been updated to reflect the changes in legislation introduced in May 2023, and this is further discussed under Regulation 34: Complaints procedure.

Regulation 14: Persons in charge

The person in charge was an experienced nurse who had the required qualifications for the role. The person in charge held responsibility for the day-to-day running of the designated centre.

The clinical nurse manager supported the person in charge in their role and deputised when the person in charge was absent from the designated centre.

Judgment: Compliant

Regulation 15: Staffing

This inspection found that the staffing levels were not consistent and did not ensure that there were enough staff with the appropriate knowledge and skills to meet the needs of the residents at all times. This was evidenced by:

- The evening before the day of the inspection, one twilight shift had not been filled due to a short-notice absence. Additionally, the worked-duty rosters indicated that four shifts in the last two weeks had not been filled, and this was confirmed by staff who spoke with the inspectors.
- A short-notice absence by a carer on the night before the inspection had not been filled, which meant that the one nurse on duty that night had to carry out the half-hourly fire checks throughout the night, as well as their nursing duties.

- A short notice absence of an activity staff on the day of the inspection was not filled to ensure all residents had access to meaningful activities in line with their interests and capacities. There was only one staff member to provide activities for the residents, and they spent their time in the dementia unit, which left residents in the nursing unit with little to do but watch television or walk about the unit. The inspector's observations were validated by some of the residents in this unit, who said there were no activities planned for the day and there was very little to do.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The oversight and supervision of staff practices was not effective and did not ensure that the standards and regulatory requirements in these areas were maintained. For example, poor practices were observed in relation to infection prevention and control management. These findings are discussed under Regulation 27: Infection Control.

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of four staff files showed that not all of the Schedule 2 information, required under the regulations, was available for each member of staff.

- A staff record only contained one reference from a previous employer and no reference from their most recent employer before they started working in the centre.
- A staff record did not contain any references and there was no record that several gaps in their employment history had been followed and that there was a satisfactory explanation for these absences.

This was a repeated finding from previous inspections.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there was a clear management structure in place, inspectors found that the lines of authority and accountability were not always clearly defined. For example,

there was no evidence of how staff who worked in the ancillary services reported to the person in charge or to any member of the management team. There were no staff meetings recorded with housekeeping, catering, maintenance or administration staff and no evidence of a structured performance management system in place for these groups of staff. As a result, the inspectors were not assured that this group of staff were sufficiently supported in their role.

Although the provider's management and oversight systems had improved since the last inspection, the management systems in place did not provide full assurance that the service was safe and consistent. This was evidenced by:

- The provider's management systems did not fully ensure that audits and other quality assurance systems were effective in identifying and driving improvements. The inspectors found that a number of results from audits carried out since the last inspection had not been communicated to the relevant staff. Furthermore, improvement action plans had not been completed, and there was no time frame for these actions to be completed.
- The provider's oversight of staffing resources were insufficient. For example, the provider did not ensure that there were sufficient staff on duty each night to carry out fire warden checks throughout the night, as required under Condition 4 of the centre's current registration certificate. The rosters showed that, on a number of night duty shifts, the additional staff member was not available. This was a significant risk to residents as the provider had been found not compliant with Regulation 28: Fire Precautions on inspections in 2022 and 2023, and their own fire safety risk assessment had identified a high number of red-rated fire risks, which had not been fully addressed at the time of the inspection.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider had failed to implement the new template for residents' contracts in line with a compliance plan submitted by the provider, following the last inspection. As a result, a number of contracts reviewed by the inspectors were not complaint with the regulations.

- Four contracts did not have details of the resident's bedroom number.
- Six contracts did not have details setting out the number of residents occupying the bedroom.

Judgment: Substantially compliant

Regulation 30: Volunteers

The provider had systems in place to ensure that all volunteers had their roles and responsibilities outlined, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider's complaints policy was not displayed in a prominent position for residents and families to read.

There was a comprehensive complaints policy in place; however, it did not contain details of the review officer should resident want to request a review of how their complaint had been handled. Neither did the policy provide details about advocacy services available to support residents and their families with making their complaints.

Judgment: Substantially compliant

Quality and safety

Overall, the quality of care provided to the residents in this centre had generally improved, and it was evident that the management team and staff had worked hard to bring about these improvements. However, the inspectors were not fully assured that the care and services provided to the centre's residents were safe and of a good quality in relation to those residents who had wounds and in relation to the provision of meaningful activities for residents in the general nursing unit.

The inspectors found that residents were generally well supported in accessing their general practitioners (GPs) from local practices, health and social care professionals, and specialist medical and nursing services. However, the records and the inspectors' observations on the day of inspection indicated that a resident had not received timely medical attention for dressing treatment or assessment by a specialist wound care nurse.

The inspectors reviewed a sample of care plans and found that the residents' care plans were generally detailed. Most residents had a comprehensive assessment carried out following their admission to the designated centre. However, a review of residents' care documentation found that care plans were not always developed following assessments and were not always reviewed in line with regulatory requirements.

The provider's measures to protect residents' finances in the centre had improved, and residents' money was now directed towards the centre's resident pension account.

The centre's planned social care activities took place in the dementia-specific unit, and some residents from the general nursing unit who could take part in these activities were brought into the dementia-specific unit to participate in group activities. However, the inspectors observed that most residents in the general nursing unit did not attend the dementia unit for activities and this was reflected in the feedback from residents on the day and in the lack of records of activities attended by these residents that were made available to the inspectors. As a result, the inspectors were not assured that the residents in this centre were receiving equal opportunities to participate in meaningful activities.

Residents had access to newspapers and television in the centre. Residents' meetings were held regularly, and the meeting records indicated that they were consulted about the organisation of the centre.

The centre has a comprehensive infection prevention and control policy. Residents had good access to COVID-19 boosters and influenza vaccines. The residents' history of infection status was included in the pre-admission assessment of residents to the centre to develop appropriate precautionary measures to prevent the spread of infections. However, the centre's infection control procedures were not fully aligned with the requirements of Regulation 27: Infection control.

Regulation 10: Communication difficulties

The inspectors reviewed a sample of care files and found that residents' communication needs were regularly assessed, and a person-centred care plan was developed for residents who needed support from staff.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a residents' guide available in the centre. However, this guide was not up-to-date and did not contain the following information;

- The summary of the services and facilities offered in the designated centre.
- The terms and conditions relating to residence in the designated centre.
- Information regarding the centre's complaint procedure.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre was not fully in compliance with the National Standards for Infection Prevention and Control in Community Services and other national guidance. This was evidenced by:

- Hoist slings were stored on top of full body hoists in communal areas, and it appeared that the slings were shared between residents, posing a cross contamination risk.
- The equipment used for residents, such as crash mattresses, bed rail protectors and patient moving and handling equipment were stored in a sluice room, and there was no clear segregation of dirty and clean items in this sluice room, which posed a cross-contamination risk to residents.
- Crash mattress and bed rail protectors that were stored in a sluice room was visibly dirty, and the inspectors were not assured that they were cleaned after each use.
- Floor linings in both units were in a poor state of repair, and dust had accumulated in these gaps, which did not facilitate cleaning.
- The privacy curtains in some rooms were visibly damaged, which did not support effective cleaning.
- The inspectors were not assured that necessary measures, such as standard precautions were in place for a resident with suspected antibiotic-resistant bacterial infection, to support infection prevention and control.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The provider's arrangements to develop appropriate care plans for the assessed needs of residents were insufficient. For example:

- Three residents did not have an appropriate and up-to-date social care plan that included their preferences and needs in relation to meaningful activities and social engagement.
- One resident with a chronic wound did not have an up-to-date wound care plan that reflected their current care needs.

The inspectors also found that another resident who had multiple leg ulcers did not have a comprehensive assessment of their needs. For example, a comprehensive assessment regarding the condition, health and infection status of this resident's

wounds had not been carried. Additionally, baseline and serial photographs had not been taken to assess and monitor this resident's wound healing.

Judgment: Substantially compliant

Regulation 6: Health care

Nursing practices in relation to the management of residents who were at risk of developing pressure ulcers did not ensure that these residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. For example, the systems in place for preventing pressure ulcers, such as regular skin checks, repositioning and monitoring fluid intake, were incomplete for three residents.

There was evidence that a resident with a recurring leg ulcer had not been referred for a timely medical review of dressing treatment or referred for assessment by a specialist wound care nurse.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records showed that, where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

There were appropriate measures in place to ensure that residents were protected from abuse. Staff who spoke with the inspectors were knowledgeable about the safeguarding procedures that were to be followed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The majority of residents in the general unit did not have enough opportunities to engage in meaningful activities that were in line with their interests, preferences and abilities. Furthermore, the care records of five residents indicated that they had not been provided with any social care activities in the last three months.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aras Ghaoth Dobhair OSV-0000311

Inspection ID: MON-0039392

Date of inspection: 03/04/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
The plan is to have adequate staff to attend to residents ADLS.
Staffing should be like the following table to achieve this.
Number of Residents: 20 on Alzheimer's Wing
21 on Nursing Wing
Number of staff on each wing every shift:
Dayshift : 2 HCAs on long days (8a-8p)
1 HCA on 8a-2 pm
1 HCA on 8a- 4pm
1 transitional HCA 415-915pm (bridging the Dayshift to early Nightshift)

Nightshift: 1 Nurse (this will be in place while we have reduced occupancy. When we reach full occupancy, we will have 2 night nurses on duty)
2 HCAs on 8p-8am on each wing

Note: The number of residents mentioned illustrates Aras Gaoth Dobhair full admission capacity including respite admissions.

Note: There is a plan that will be implemented that will have the revised rota on nightshift: 1 nurse and 1 HCA on each wing

The staff nurse's rotation has been resolved due to 2 nurses coming back from their holidays. It was agreed upon the nurse's meeting that nurses should schedule their vacation with consideration of not having two nurses on annual leave at the same time. It is the goal of the company as well to continue hiring nurses approximately 1-2 more staff nurses before the end of the year 2024. Recruitment of HCA's continues to be difficult due to our remote location.

The plan is achievable regarding HCAs recruitment. We are due to interview an applicant on 15th of May, 2024. We are actively recruiting people who are presently completing their level 5 FETAC course. In addition, Aras is presently undergoing renovation works

and only has 31 residents in admission making the present staff quota sufficient until the work is done by November 2024. We are also in contact with various recruitment agencies that we expect to have at least 1 new staff nurse by December 2024.

Note: Staffing starting to this day , 14th of May 2023 until the month of November 2024 will be sufficient enough due to the reduced bed capacity of Aras Gaoth Dobhair from 41 to 30. This is due to the ongoing building fire mitigation works.
Management and HR action has been taken to resolve the high level of 'short notice absences. These have been significantly reduced to negligible levels and no longer impact adversely our residents.
As the existing panel failed, we have streamlined the panel and have several staff that can be contacted when short notice absences occur. Disciplinary action has been taken to manage absenteeism which has led to no short notice absenteeism since the last inspection.
We are actively recruiting new staff nurses and healthcare assistants. One staff nurse and one healthcare assistant has been recruited since the last inspection.
Annual leave will be granted to one nurse at a time, which will ensure that staffing levels remain at an appropriate and sufficient level to meet with the resident's needs.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
I have several staff enrolled for the IPC Link practitioner programme in June and September.
There will be four staff nurses and the DON who can supervise and implement effective infection prevention control measures in the building.
The IPC Link practionner programme is a four-day programme and will be held from June 10th -June 14th September 9th-13th

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
We are currently bringing all the staff files up to date.
The administrator is working through every member of staff to ensure that the files are correct and all regulatory information is up to date.
This will be completed by the end of July.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
There will be regular clinical governance meetings with all departments and documented evidence of the meetings and quality improvement plans which will be completed and monitored regularly.

A complete revision of the reporting structure has been implemented and all ancillary staff are now aware of the reporting structure, and they must report to the person in charge.
Kitchen staff must report to the Chef who in turn reports to the person in charge.
Healthcare assistants report to the nurse who in turn reports to CNM and he reports to the person in charge. Maintenance, housekeeping, administration, and activity staff report to person in charge.
The person in charge will schedule regular meetings with ancillary staff for quality and improvement plans which will focus on the results of audits conducted and any actions that are required with realistic timeframes for actions to be completed.

The person in charge and CNM will continue to manage annual leave, off duty requests, inductions, probationary reviews, and performance appraisals along with the management of staff under-performance. The chef will manage the kitchen staff for annual leave, off duty, inductions, and appraisals.
Staff appraisals will begin in July 2024
Staff probation and induction reviews are currently in place.

The person in charge has monthly meetings with her mentor. This is facilitated online and there is a face-to-face meeting scheduled for August 2024.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
New contract templates have been implemented with residents' bedroom numbers and occupancy details on each contract of care.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints policy has been placed in the reception area and there is a copy at each nurse station. The policy has been updated and provides details of the advocacy support service and the review officer.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
A new residents guide is being prepared off site and will include services provided in the centre, including terms and conditions and how to make a complaint.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
I have several staff enrolled for the IPC Link practitioner programme in June and September. There will be four staff nurses and the DON who can supervise and implement effective infection prevention control measures in the building. The IPC Link practionner programme is a four-day programme and will be held from June 10th -June 14th September 9th-13th

Each resident has their own personal hoist sling which is stored in their own room.
All equipment storage will be stored in a separate room and not in the sluice room.
We will implement a new cleaning schedule for curtains.

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:
Schedule meetings (meeting is scheduled monthly) discussing this subject among all nurses and the need to have assessments done about wound and pressure ulcers including serial photographs as well as the inclusion of specific wound care plan. A care plan for meaningful activities for all residents will be done as well. It emphasized the importance of ensuring this practice is done consistently moving forward.

Wound assessment needs to be done every 3 days specially with pressure ulcers with the care plan for same will be done monthly at the latest to see progress of interventions unless an immediate review is needed, while social care plans will be reviewed every 3-4 months or if an immediate review is needed.

These actions will be monitored to ensure these will be achievable although time frame from healing wounds and pressure ulcers will be dependent on residents' reaction to interventions. Regular audits will be performed with quality improvement meetings for action plans in a timely manner.

Abovementioned assessments and care plans and other interventions needed were immediately started and is being practiced presently in the Aras. Care plans are in place for wounds and pressure ulcers are in place. Meanwhile, Care Plans for Social Care (meaningful activities) have been started and the target completion for all the residents for this care plan is at the end of between the end of May 2024 until 15th of June 2024.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
After last HIQA inspection (02-03, April,2024), Staff Nurses and HCAs were informed of the need to have accurate monitoring and documentation of interventions being done to prevent pressure ulcers

SSKin Bundle is introduced to the staff present that day with specific instructions to properly give handover between incoming nurses and HCAs until all staff knows learn to how to use the template to effectively monitor residents who are vulnerable to skin integrity compromise. This will be done continuously during handovers of each shift. Each SSkin Bundle documents actions and is time specific for 24 hours.

With the implementation of the SSkin Bundle, the concerns mentioned above are now being addressed realistically .

This process has proven to be achievable with the use of the SSkin bundle template.

The intervention and appropriate documentation have been on going since 04/04/24. All staff are aware of this and is now a part of everyday provision of care for residents vulnerable to developing pressure ulcers or compromise of skin integrity.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All residents will be involved in meaningful social activities including participation in scheduled group activities. Residents who are not able to participate with group social activities due to limitations caused by impairment, cognitive and physical deficit are to be brought in as part of the group as well while having alternative activities such as sensory stimulation and bringing different animals for petting therapy.
Residents who retain good cognitive and physical capability but refuses to join in activities mentioned are to be offered other forms of spending meaningful times such as reading newspapers and magazines, watching TV either in the sitting room or if they prefer, in their own bedroom.
Relatives and friends of all residents are to be encouraged to visit as much as they can to further increase social activities of these residents. Outings and visits to external places will also continue to be a part of their social activities, including having tea and snacks in nearby cafes. Other activities will be planned as well moving forward. Staff will be made available for these activities.

In addition, the following activities are presently being done in the Aras:
• Daily Group social Activities organized by the Social Activity Coordinator
• Weekly live music session (plan to make it twice a week) and sing along.
• Mass where all residents attend (excluding those who do not want to for various reasons). Mass is held on a monthly basis with a plan to increase it to twice monthly.
• Sensory stimulation time for residents with impaired cognitive and physical capabilities
• Gardening when weather allows it
• Walking outside with staff in nearby surroundings of the Aras for residents who are able to and not at risk of absconding.
• Doll therapy is being done to residents who react positively to them.

All these activities are being offered presently to all residents and there is a timetable of activities for the nursing unit and nurses will monitor activity participation and document same in all residents daily notes and their care plans.
When we are at full occupancy in December HCA's will be trained to assist the activity co ordinatiors if someone is on leave or out sick to maximize the meaningful activity programme for all residents.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	21/11/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2024
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	17/05/2024
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a	Substantially Compliant	Yellow	30/06/2024

	summary of the services and facilities in that designated centre.			
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/06/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	15/05/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/06/2024

Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	01/05/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position	Substantially Compliant	Yellow	01/05/2024

	in the designated centre, and where the provider has a website, on that website.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	01/05/2024
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.	Substantially Compliant	Yellow	01/05/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before	Substantially Compliant	Yellow	31/05/2024

	or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/05/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/05/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional	Substantially Compliant	Yellow	31/05/2024

	expertise, access to such treatment.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	01/05/2024