



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

Issued by the Chief Inspector

Name of designated centre:	Aras Chois Fharráige
Name of provider:	Aras Care Ltd
Address of centre:	Pairc, An Spidéal, Galway
Type of inspection:	Unannounced
Date of inspection:	20 March 2024
Centre ID:	OSV-0000382
Fieldwork ID:	MON-0042370

About the designated centre

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

Aras Chois Fharráige Nursing Home is a purpose built unit with views of the sea. The Centre is located in the Irish speaking Cois Fharráige area of the Connemara Gaeltacht. Accommodation is provided on two levels in 34 single rooms and four sharing rooms. Aras Chois Fharráige provides health and social care to 42 male or female residents aged 18 years and over. The staff team includes nurses, healthcare assistants and offers 24 hour nursing care. There is also access to allied health care professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 March 2024	09:00hrs to 17:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff who knew them well. Residents were complimentary about staff and the care they provided.

This unannounced risk inspection was carried out over one day. There were 41 residents accommodated in the centre on the day of the inspection, and one vacancy.

Following an introductory meeting, the inspector spent time walking through the centre giving an opportunity to meet with residents and staff. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, some were relaxing in the communal areas, while others were having their care needs attended to by staff.

Aras Chois Fharrage was located in Connemara, County Galway. The two-storey purpose-built facility provided accommodation for 42 residents. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. Accommodation comprised of single and twin bedrooms, all of which were ensuite. Residents bedrooms were suitably styled and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many bedrooms were decorated with items of personal significance, including ornaments and pictures. Communal areas available to residents included dining rooms, sitting rooms, a sun room and a boardroom. Many areas provided residents with pleasant views of the outdoor gardens and the ocean. Throughout the centre, the décor was bright and modern, and all areas were designed and furnished to create a homely and accessible living environment for residents.

The building was found to be laid out to meet the needs of residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. All areas of the centre were very clean, tidy, and well-maintained.

Residents had unrestricted access to secure outdoor spaces. A number of residents commented on the lovely outdoor areas including the gardens and the mini farm which contained ducks, hens and pygmy goats.

The inspector spent time observing staff and resident interaction in the various areas of the centre. Some residents sat together in the communal rooms watching television, listening to music, reading or simply relaxing. A small number of residents were observed enjoying quiet time in their bedrooms. Throughout the day, residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Communal areas were appropriated supervised and those

residents who chose to remain in their rooms were supported by staff. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. The inspector observed that personal care needs were met to a good standard. There was a pleasant atmosphere throughout the centre and friendly, familiar chats could be heard between residents and staff.

Residents were happy to talk about life in the centre and the inspector spoke in detail with a total of 12 residents throughout the day. Those residents who spoke with the inspector said that they were satisfied with life in the centre. They said that staff were very good and that they could freely speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

The centre was located in the Gaeltacht area in Connemara and a large number of residents were native Irish speakers. The provider promoted an Irish-speaking culture and environment where residents' rights were respected and upheld. Many staff members were fluent in the Irish language and the inspector observed interactions and conversations between residents and staff, both in Irish and English. Residents were provided with opportunities to participate in a choice of social activities in accordance with their wishes and preferences. The centre employed an activities co-ordinator who facilitated group and one-to-one activities. There was a schedule in place which included a range of activities such as exercise, pet therapy, knitting, beauty treatments, music and external trips. A dementia-specific therapeutic activity was held in the afternoon which was well attended by residents.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

The centre provided residents with access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, and residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the food in the centre.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced monitoring inspection, conducted by an inspector of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address identified areas of non-compliance found on previous inspection in April 2023.

The inspector observed that improvements had been made to the management of the centre. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The inspector found that this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had addressed the actions of the compliance plan following the last inspection in respect of governance and management, infection control and individual assessment and care plans.

Aras Care Limited was the registered provider of this designated centre. The company had two directors, one of whom represented the provider and attended the feedback meeting following the inspection. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge demonstrated a good understanding of their role and responsibility, and was observed to be a strong presence in the centre. They were supported in this role by an assistant director of nursing, a clinical nurse manager and a full complement of staff including nursing and care staff, activity, housekeeping, catering and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by the provider representative.

The designated centre had adequate resources available to ensure residents received good quality care and support. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all the staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents. While there were adequate staff on duty on the day of inspection, there was only one registered nurse on duty at night time between 8pm through to 8am every day. The inspector was not assured that this level of nursing care was adequate for the assessed needs of the residents or the size and layout of the centre. This is discussed further under Regulation 15: Staffing.

The provider had systems of monitoring and oversight of the service in place. There was a schedule of audits which reviewed areas of the service such as, falls management, end of life care, use of restraint, nutrition, care plans, use of antibiotics and residents' rights. Where areas for improvement were identified,

action plans were developed and completed. In addition, key aspects of the quality of the service were reviewed by the clinical management team on a weekly basis. This included information in relation to care plans, falls, hospital admissions, staffing, training and other significant events. A comprehensive annual review of the quality and safety of the services had been completed for 2023 which included a quality improvement plan for 2024. Regular staff meetings were held where various issues were discussed including resident issues, activities, training, and general communication.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The skill-mix in the centre between 8pm and 8am was inadequate to meet the assessed needs of the residents and for the size and layout of the building. There was only one registered nurse on duty during these hours. This meant that one nurse would be responsible for monitoring, documenting care, administering medications, delivering emergency or palliative care to up to 42 residents and supervising staff over two floors.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their role. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

A certificate of insurance was in place to protect residents and their belongings.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of good quality care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits was used to identify areas for improvement.

The person in charge carried out an annual review of the quality and safety of care in 2023 which included a quality improvement plan for 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the centre promoted a human rights-based approach to care and support for residents living in Aras Chois Fharrage. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. The inspector observed that the standard of care which was provided to residents was of a good quality. Staff were respectful and courteous with residents.

The findings of the inspection were that the provider had taken action to ensure compliance with care planning and infection control.

Care delivered to the residents was of a good standard. Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. The inspector reviewed a sample of five residents' care records. A range of clinical assessments were carried out for each resident on admission to the centre to identify care and support needs. Validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity and risk of malnutrition. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals, when required.

There was evidence of good practices in relation to infection control. The provider had made a number of improvements since the previous inspection including the monitoring of multi-drug resistant infections (mdros) and the installation of a dedicated housekeeping room. Staff demonstrated good knowledge of infection control practices. The environment and equipment used by residents were visibly clean.

The management of risk in the centre was guided by the risk management policy specific to the service. There was a comprehensive up-to-date risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. There was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice. Residents were provided with opportunities to consult with management and staff on how the centre was run. Resident satisfaction surveys were carried out and

feedback was acted upon. Residents had access to an independent advocacy service.

Regulation 10: Communication difficulties

There were provisions in place to ensure that residents with communication difficulties were supported to communicate freely

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to sufficient quantities of food and drink, including a safe supply of drinking water. The daily menu was varied and staff ensured that each resident had a choice at mealtimes including those on a modified diet. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. Residents were provided with access to dietetic services when required.

There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in safeguarding vulnerable adults at risk.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: 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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Chois Fharráige OSV-0000382

Inspection ID: MON-0042370

Date of inspection: 20/03/2024

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regular reviews of staffing will be conducted to ensure that the number and skill mix of staff is appropriate at all times. An extra nurse will be rostered for the twilight shift, in order to assist with monitoring, documenting care, administering medications or delivering end of life care.</p> <p>The on-call system will continue to be utilized, in order to provide further support to the night staff team. If the nurse in charge requires assistance on the night shift, the nurse on call will be available to provide extra support.</p> <p>A review of resident dependency will be conducted monthly to determine adequate staff numbers and skill mix to ensure the appropriate level of care is provided to the residents based on their current care needs.</p>	

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	30/06/2024