



**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 Chois Fharráige
Name of provider:	Aras Care Ltd
Address of centre:	Pairc, An Spidéal, Galway
Type of inspection:	Unannounced
Date of inspection:	27 April 2023
Centre ID:	OSV-0000382
Fieldwork ID:	MON-0039170

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:	38
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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
Thursday 27 April 2023	08:35hrs to 17:20hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care in a supportive environment. Feedback from residents was that this was a good place to live, and that they were well cared for by staff who were kind and attentive to their needs. The inspector observed a calm, relaxed, and friendly atmosphere in the centre.

This unannounced risk inspection was carried out over one day. There were 38 residents accommodated in the centre on the day of the inspection, and four vacancies.

On the morning of the inspection, the inspector completed a walk through the designated centre with a clinical nurse manager. Aras Chois Fharráige was a two-storey purpose-built facility located in the Irish-speaking Connemara Gaeltacht. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. Accommodation was provided for 42 residents, and comprised of single and twin bedrooms, all of which were ensuite. The premises was laid out to meet the needs of the residents, and to encourage and aid independence. 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 bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner.

The centre was very clean, tidy, and well-maintained. The décor was modern throughout, and all areas of the centre were appropriately furnished to create a homely environment. Residents' bedrooms were bright and spacious, and many residents had personalised their rooms with items of personal significance, including ornaments and pictures. There were a number of communal areas including dining rooms, sitting rooms, a sun room and a boardroom. These areas were appropriately furnished to create a homely environment, and provided residents with pleasant views of the Atlantic Ocean.

Residents also had unrestricted access to bright outdoor spaces, including an enclosed courtyard and two roof terraces, which contained a variety of suitable seating areas and seasonal plants.

As the inspector walked through the centre, a number of residents were in the sitting rooms reading the newspapers, while other residents were listening to music and relaxing. Some residents were having breakfast either in the dining areas or in their bedrooms. A number of residents were having their care needs attended to by staff. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried manner. It was evident that residents' choices and preferences in their daily routines were respected.

As the day progressed, the majority of residents were observed in the various communal areas, watching TV, reading, chatting to one another and staff or participating in activities. Other residents were observed sitting quietly, relaxing and watching the comings and goings in the centre. A small number of residents chose to spend time in their bedrooms. Staff supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day. Friendly chats were overheard through out the centre, and residents and staff could be heard speaking both Irish and English. Residents were observed to be content as they went about their daily lives. The inspector observed that residents had their personal care needs delivered to a good standard.

The inspector interacted with a large number of residents throughout the inspection, and spoke in detail with a total of 11 residents. Those residents who spoke with the inspector were delighted to chat, and their feedback provided an insight of their lived experience in the centre. One resident described the centre as 'five star', and told the inspector that they were provided with everything they needed including exercise equipment. Another resident told the inspector 'I love it here and I am very happy'. Residents said they had plenty to do each day. One resident said that 'the days pass away nicely here', while another resident chatted with the inspector about the game of bingo they had just attended. A small number of residents told the inspector that they preferred to spend their days in their bedrooms 'doing their own thing'. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms. There was a schedule of activities in place which included arts and crafts, pet therapy, exercises, beauty treatments and dementia specific therapeutic activities. The inspector observed an activities co-ordinator provide one-to-one and group activities, including a game of bingo which a number of residents participated in and appeared to enjoy. Residents were also provided with opportunities to avail of local community activities. A number of residents attended a creative writing workshop in the afternoon. Residents also had access to television, radio, Internet, newspapers and books.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day.

Residents were complimentary about the food in the centre, and they were provided with a good choice of food and refreshments throughout the day. Food was freshly prepared in the centre's own kitchen, and was observed to be well-presented. Residents had a choice of when and where to have their meals throughout the day. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk 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 previously identified areas of non-compliance found on two previous inspections in April and November 2022.

Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. The findings of this inspection were that the provider had taken some action to address the issues found on the last inspection. Notwithstanding the improvements made, further action was now required in relation to the governance and management of the centre to ensure full compliance with the regulations, as there were a small number of areas of repeated non-compliance in care planning, staffing and infection control.

The provider of this designated centre was Aras Care Limited. The inspector found that the provider had taken action to ensure that the organisational structure in place in the centre was more clearly defined, with identified lines of authority and accountability. The management team now consisted of a person in charge who was supported in this role by two clinical nurse managers. The person in charge worked wholly in a supervisory capacity and there were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge. There was a full complement of staff including nursing and care staff, activity, housekeeping, catering and maintenance staff. On the day of the inspection, the person in charge was not available and the clinical nurse manager (CNM) who was deputising in their absence facilitated the inspection. The CNM informed the inspector that they had commenced their role within the previous month, and that they were familiarising themselves with the residents and their needs.

On the day of the inspection, the team providing direct care to residents consisted of at least one registered nurse on duty at all times, and a team of health care assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

A review of the staffing roster found that while the staffing levels in the centre had

stabilised since the previous inspections, the staffing arrangements required care staff to complete catering and laundry duties within their allocated care hours. This is a repeated finding.

Management systems and oversight of the service had improved in the centre since the previous inspection. A range of clinical and environmental audits had been completed by the person in charge. These audits reviewed practices such as, falls management, end of life care, and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. The provider had completed an annual review of the quality and safety of care in 2022 which included a quality improvement plan for 2023. However, further improvement was required in relation to the monitoring and oversight of nursing documentation and infection control, as areas of non-compliance were not identified by the auditing systems, and therefore, no quality improvement plan was in place to address these issues. In addition, while there was a risk register in place, it was not reviewed in a timely manner.

There were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as training, resident issues, COVID 19 and other relevant management issues.

There were policies and procedures available to guide and support staff in the safe delivery of care.

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.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure that the designated centre had sufficient resources to ensure effective delivery of care. For example, care staff were required to carry out laundry and catering tasks which reduced the number of hours available for direct care of residents.

The management systems in place to ensure the service was safe, appropriate and consistent, did not ensure that the service was effectively monitored. This was evidence by;

- inadequate supervision and oversight of the nursing documentation systems. For example, the inspector found that nursing documentation was not reviewed by the nursing management to ensure that it accurately reflected the residents' needs.
- following the previous inspection, the provider had committed to a number of actions to come into compliance with Regulation 27: Infection control. The observations on this inspection found that a number of actions remained outstanding. For example, surveillance of multidrug-resistant organism (MDRO) colonisation was not routinely undertaken or monitored and there was no dedicated housekeeping room in the centre.
- the risk management system in place was not effective, as risks identified in the centre were not reviewed in accordance with the centre's own policy.

Judgment: Substantially 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 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 observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. While the findings of this inspection were generally positive and residents reported a good quality of life in the centre, the findings were also that action was required to ensure full compliance with the regulations in relation to individual assessment and care planning, and infection control.

Nursing staff were knowledgeable regarding the care needs of the residents. However, this was not consistently reflected in the nursing documentation reviewed during the inspection. Following admission to the centre, a range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. These assessments were used to develop an individualised care plan for each resident which addressed the residents' abilities and assessed needs. The inspector reviewed a sample of eight resident files, and found that a small number of care plans did not contain up-to-date information to guide staff in their care needs. This is described further under Regulation 5: Individual assessment and care plans.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need.

The environment and equipment used by residents were visibly clean. A review of infection prevention and control systems found that, while there were improvements in some areas of infection prevention and control practices, further action was required to ensure full compliance with Regulation 17: Infection control.

The management of risk in the centre was guided by the risk management policy and associated policies that addressed specific issues of risk to residents' safety and wellbeing. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. However, a review of the risk register found that the majority of identified risks had not been reviewed in line with centre's

policy. Arrangements for the identification and recording of incidents were in place.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff were knowledgeable about what to do in the event of a fire.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including activities, infection control, and advocacy. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

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 adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

Actions, committed to by the provider, following an inspection of the centre in November 2022, had not been completed. This meant that the provider had not ensured that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. For example;

- Surveillance of multidrug-resistant organism (MDRO) colonisation was not routinely undertaken or monitored. Staff and management were unaware of which residents were colonised with bacteria that were resistant to antibiotics (MDROs). Therefore, appropriate measures may not have been in place to prevent potential infection when caring for residents with colonised with MDROs.
- there was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. On the day of the inspection, the sluice rooms were used for this purpose and this posed a risk of cross-contamination.

This is a repeated non-compliance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

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

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector observed that action was required to ensure care plans were developed and reviewed in line with the assessed needs of the residents and as required by the regulation. For example;

- two residents who were assessed as at risk of malnutrition did not have their care plans updated to reflect the plan of care in place to address this risk.
- one resident's care plan was not updated to reflect the agreed advanced plan of care, should the resident's health deteriorate.

This is a repeated non-compliance.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre, as required.

Residents also had access to a range of allied health care professionals such as, physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Chois Fharrage OSV-0000382

Inspection ID: MON-0039170

Date of inspection: 27/04/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audit conducted by PIC on all Residents Care Plans/Assessments - Completed 09/05/23</p> <p>Care plans have been reviewed and updated to ensure that all residents needs are accurately reflected - Completed 08/05/23</p> <p>Antibiotic audit to be carried out monthly - Commenced 30/05/23</p> <p>Staff will be made aware of any resident with MDROs List of residents with MDROs to be reviewed monthly - Commenced 31/05/23</p> <p>Laundry has been reviewed and a specific staff member will be allocated to carry out laundry duties - Completion by 12/06/23</p> <p>The HCA tasked as dining assistant will be identified on the roster and on allocation sheet - Commenced 31/05/23</p> <p>Training will be provided on infection control and MDROs - Completion by 30/06/23</p> <p>Full review of Risk Register is being carried out in the Aras and a risk assessment will be carried out for any risk identified - Completion by 20/06/23</p>	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Training will be provided on infection control and MDROs - Completion by 30/06/23

Staff will be made aware of any resident with MDROs List of residents with MDROs to be reviewed monthly - Commenced 31/05/23

A room has been identified for housekeeping - storage, preparation of cleaning trolleys and equipment and will be adapted for use – Completion by 20/07/23

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:

Audit conducted by PIC on all Residents Care Plans/assessments - Completed 09/05/23

Care plans have been reviewed and updated to ensure that all residents needs are accurately reflected - Completion by 08/06/23

Any Residents at risk of malnutrition to be referred to the dietician and nutrition care plan will be updated to reflect dietician input - Completion by 08/06/23

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 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	20/07/2023

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	08/06/2023