



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

Issued by the Chief Inspector

Name of designated centre:	Áras Mhic Dara Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Barrarderry, Carraroe, Galway
Type of inspection:	Announced
Date of inspection:	28 March 2024
Centre ID:	OSV-0000626
Fieldwork ID:	MON-0042608

About the designated centre

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

Aras Mhic Dara is a community nursing unit located 30km's from Galway city, in the Gealtacht town of Carraroe. Aras Mhic Dara provides residential and respite services to the people of south Connemara. The centre provides accommodation for 34 residents. The centre has spacious living and dining accommodation. Aras Mhic Dara aims to provide high quality care based on best available practice. The ethos of the centre is to provide holistic care to residents ensuring treatment with respect, dignity and accorded the right to privacy in a friendly and homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Thursday 28 March 2024	09:45hrs to 17:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector found that this was a very well-run centre where the voice of the resident was central to all decisions made. The inspector spoke with multiple residents and the feedback was overwhelmingly positive. Residents had high praise for the staff with one resident stating that the staff "couldn't be better". The environment was open and welcoming. Throughout the day, the inspector observed the staff interact with the residents in a positive and caring manner.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that staff were very kind and provided them with everything they needed to live comfortably.

The inspector observed that staff were kind, patient, and very attentive to residents' needs. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day.

Staff who spoke with the inspector were very knowledgeable about residents and their needs. The inspector observed that personal care was attended to a very good standard. There was a pleasant atmosphere throughout the centre and friendly, open conversations could be heard between residents, visitors and staff. The centre is located in Connemara and Irish was the first language of the majority of residents. Throughout the day the inspector observed the staff move between speaking as Gaeilge and in English. The centre was embedded in the community. The local schools attend the centre regularly and took part in activities. For example, a social event had occurred where the residents had made St Bridget's crosses. Residents attended community events that were of interest to them. For example, the residents had a float in the St Patrick's Day parade. Residents told the inspector that the day was very enjoyable.

Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. There was a communication board. This board was populated with information and leaflets that could be of interest to residents along with guidance on how to make a complaint or how to access advocacy services.

The inspector observed a number of group activities taking place in the main communal sitting room, including a sing song. The inspector observed that staff ensured that all residents were encouraged to join in. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Residents had access to television, radio, internet, newspapers and books.

Residents told the inspector that they had plenty to do every day and that they looked forward to the daily activities. The centre had an active fundraising group known locally as Coiste cairde an Aras, meaning Friends of the Aras. The group was made up of volunteers and all monies raised was spent on the provision of extra activities as per the residents' choice. For example, on the morning of inspection, the weather cleared and as a result, a number of residents went out on the resident bus for a scenic drive of the local area and had stopped off for a beverage on their return to the centre.

Bedroom accommodation comprised of single and double bedrooms which provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. Many bedrooms were personalised and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. Communal areas included a reception area, sitting rooms, a large dining room and a chapel. There was safe, unrestricted access to outdoor areas for residents to use.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was very clean, tidy and well maintained. Corridors were sufficiently wide to accommodate residents with walking aids and there were appropriately placed hand rails to support residents to walk independently around the centre. Call bells were available in all areas and answered in a timely manner. All areas were found to be appropriately decorated, with communal areas observed to be suitably styled and furnished to create a homely environment for residents.

The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food.

Residents' personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

Visitors were observed coming and going throughout the day.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

Capacity and capability

The inspector found that this was a well-managed centre. The high level of compliance found with the regulations reviewed reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of

residents. The governance and management was well organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. The inspector was assured that the provider was delivering appropriate care to residents.

This was an announced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended, and to inform the application for the registration renewal of the centre. This inspection found that the detail contained in individual residents' contracts of care was not fully in line with the requirements of the regulation. The inspector also found that the statement of purpose did not contain the detail required under Schedule 1 of the regulations.

The Health Services Executive (HSE) is the registered provider of Aras Mhic Dara Community nursing unit. On the day of inspection, there was 27 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. Management support was provided by the manager of residential services for Older Person Services. Within the centre, the person in charge was supported by a clinical nurse manager and a team of nurses, multi-task attendants and support staff. This management structure was found to be effective for the current number of residents. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

The provider had placed a high value on the training and support provided to staff. Records reviewed by the inspector confirmed that training was up to date. Training was provided on site. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, fire safety and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were appropriately supervised and supported to perform their respective roles within the centre. Staff responses to questions asked displayed a good level of knowledge. Staff responses in relation to what action to take in the event of the fire alarm sounding were detailed and consistent.

The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The management team were proactive in response to issues and concerns brought to them by residents and relatives. Issues and discussions held at the residents' meetings were escalated to the person in charge. The issues were then logged as a complaint and managed through this process. At the time of inspection all complaints had been resolved and closed.

The person in charge had responsibility for completing clinical and environmental audits. The audits reviewed on the day of inspection were detailed and the findings

were known to the management team. Where areas for improvement were identified, action plans were developed and completed to ensure positive outcomes for the residents. There was an annual review of the quality of the service provided. Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time frame. There was a risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There were policies and procedures available to guide and support staff in the safe delivery of care. A directory of residents was kept and maintained. The detail entered was accurate.

There were contracts for the provision of services in place for all residents which detailed the terms on which they resided in the centre. However, action was required to ensure full compliance with Regulation 24: Contracts for the provision of services. The detail relating to the number of residents occupying the multi-occupancy bedrooms was not stated.

Regulation 14: Persons in charge

The person in charge worked full-time in the designated centre. The person in charge was an experienced nurse who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. Staff were appropriately trained. Staff responses to questions asked were detailed and displayed a high level of knowledge about the residents and on the systems in place.

Judgment: Compliant

Regulation 19: Directory of residents

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

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. The annual review of the service had been completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of the contract for care found that the terms relating to the bedroom to be provided to the resident and the number of occupants of the bedroom was not clearly stated.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that it contained accurate information as required by Schedule 1 of the regulations. The following information was not accurately included in the statement of purpose:

- the arrangements for separate facilities for day care was not included.
- the staffing compliment, in whole-time equivalents, for the designated centre with the management and nursing compliments was not accurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector, within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that 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

Residents living in the centre received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with the direct care provided. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Fire drills were completed to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency. The provider had an external fire expert complete a review of all fire doors in the centre. This document reported that a significant number of the fire doors required action to ensure full compliance with the regulations. For example, seals needed replacement and in some cases the doors needed replacement. The report findings were known to the provider and had been identified on the local risk

register. The compliance plan response will address the action that the provider will take to ensure the necessary works are completed.

Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident which addressed their individual health and social care needs. The inspector found that the care plans were person-centred and guided the care delivered. Daily progress notes reflected the residents' current health status. Nursing and care staff were knowledgeable regarding the care needs of the residents.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health-care needs. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed need. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

The needs and preferences of residents who had difficulty communicating were actively identified by staff, and efforts made to support residents to communicate their views and needs directly. For example, resident that did not speak English had a care plan in place that provided clear direction on the need to ensure that staff who spoke Irish were required to attend all medical appointments to support the resident to make informed decisions. Residents' care plans reflected their communication needs and preferences.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results. Residents confirmed that their feedback was used to improve the quality of the service they received. For example; a resident told the inspector that they had requested a larger bedroom and this had been facilitated. Residents were kept informed about services they could access, if needed. This included independent advocacy services.

The premises was designed and laid out to meet the needs of residents. There were appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in

Community Settings published by the Authority. The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. The centre was visibly clean on inspection. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained.

Regulation 10: Communication difficulties

Residents with specialist communication requirements had detailed care plans in place that guided care.

Judgment: Compliant

Regulation 11: Visits

Visiting was 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 17: Premises

The design and layout of the centre was suitable for the number and needs of the current residents accommodated in the centre. The premises was found to be well maintained on the day of the inspection. There was adequate sitting, recreational and dining space available to all residents in the centre.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place which included all of the requirements set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean. Infection prevention and control (IPC) measures were in place. Staff had access to appropriate IPC training, and all staff had completed this.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had engaged the services of an external company to complete an assessment on fire doors within the centre. Findings were that multiple doors did not meet fire door requirements and were in need of action to ensure compliance with the regulations. This audit had been completed in January 2024. The date for completion of the required work will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate their families.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on residents' outcomes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by An Garda Síochána (Irish police) prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	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 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially 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 Áras Mhic Dara Community Nursing Unit OSV-0000626

Inspection ID: MON-0042608

Date of inspection: 28/03/2024

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:

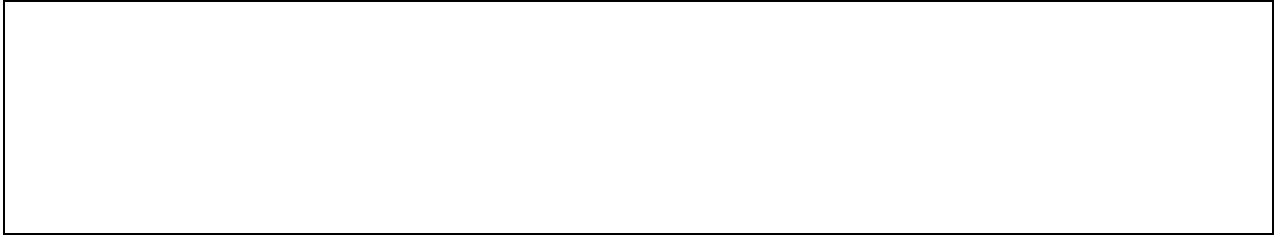
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 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: Contracts of care for all Service users residing in Aras Mac Dara have been reviewed and reflect Single or double occupancy as per designated bedroom occupancy. Attention will also be given to this detail in all future contracts of Care issued to new admissions.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose has been reviewed and reflects the current Provision of Day Care Services here in Aras Mac Dara.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Comprehensive review of required works as per Fire Door Audit commenced 03/05/2024. Repairs are being tendered at present and predicted completion of project to address all minor or other deficits identified being the 30th September 2024.	



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 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	05/04/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and	Substantially Compliant	Yellow	30/09/2024

	suitable bedding and furnishings.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/05/2024