



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

## Issued by the Chief Inspector

Name of designated centre:	Áras Ronáin Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Manister, Kilronan, Inishmore, Aran Islands, Galway
Type of inspection:	Unannounced
Date of inspection:	22 May 2024
Centre ID:	OSV-0000628
Fieldwork ID:	MON-0043695

## About the designated centre

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

Aras Ronain Community Nursing Unit is a designated centre on the Aran Islands providing care for male and female residents over the age of 18 years. Residents are accommodated in six single and two multi-occupancy (occupancy greater than two people) rooms. Appropriate communal sitting and dining space is available in the centre, as well as safe and suitable outdoor space. The centre is currently registered to accommodate 12 people, and each resident's dependency needs are regularly reviewed to ensure their care needs are met.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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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 22 May 2024	08:45hrs to 15:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents living in Aras Ronain Community Nursing Unit were very happy living in the centre. Residents reported feeling safe and well looked after. Residents were happy with the quality, quantity and choice of food served. Residents were happy with the laundry service. When chatting about the care received, a resident told the inspector that the staff are the best. Multiple residents are from the island and regular visits to their homes was facilitated.

On arrival to the centre the inspector met with the nurse on duty. There was no person in charge of the centre on the day of the inspection. The inspector met with multiple residents. The inspector observed that the communal sitting room was occupied by residents throughout the day. In addition, there was a member of staff in attendance at all times. Residents were offered a choice of snacks and beverages at frequent intervals. Social activities and engagement were ongoing in this room, giving a welcoming, calm and inviting atmosphere. Conversation flowed easily. It was obvious from the conversations that the staff in attendance were familiar with the residents and asked questions about family and topics that were observed to be of interest to the residents. Residents who chose not to partake in the group conversations had the option of using the visitors room.

The premises of the centre was found to be appropriate and well-maintained on the day of the inspection. There was ongoing maintenance and a painting programme in place to ensure that the overall premises was in a good state of repair externally and internally. The internal gardens were well-maintained and were inviting. Doors leading into the gardens were left unlocked at all times. The centre had a cat who resided in the centre. Resident were observed to find the movements of the cat of interest and a source of entertainment.

Staff were observed knocking on bedroom doors before entering and introducing themselves. Staff were busy in the morning attending to the residents direct care needs. The inspector observed that residents had access to a call bell or alternative method of seeking assistance. Residents told the inspector that call bells were answered promptly. Residents were well-dressed, and confirmed that staff assisted them in a friendly unhurried manner.

In summary, the residents in the centre received direct care from a team of staff who were committed to supporting the residents to have a good quality of life. The following sections of this report detail the impact of this finding with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This unannounced inspection was carried out by an inspector of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance identified on the last inspection in May 2023.
- review the detail of an application to renew the registration of the designated centre.

On arrival to the centre, the inspector was informed that the person in charge had gone on planned extended leave. This information had not been notified to the Office of the Chief Inspector as required by regulation requirements. This meant that the monitoring of the service had not been consistently maintained. Lines of responsibility were not clearly known to the staff delivering the direct care.

The findings of this inspection were that the provider had failed to ensure that the management structure, as set out in the centre's statement of purpose, was in place. In the absence of the person in charge, accountability and responsibility for key aspects of the service were unclear. There were no appropriate deputising arrangements in place. This posed a risk to the overall management of the centre, and as a result an urgent compliance plan was issued to the registered provider seeking assurances with regard to the governance and management structure that identifies the lines of authority and accountability, specific roles, detailing persons with responsibility for all areas of care provision. The inspector found that an unclear organisational structure and the failure of the provider to ensure that the systems on oversight and monitoring were maintained had impacted on the quality and safety of the care provided to residents. This resulted in a deterioration in compliance with the regulations.

The Health Services Executive (HSE) is the registered provider of Aras Ronain Community Nursing Home. The management structure supporting the designated centre was not in place. On the afternoon of the day of inspection, the inspector was informed that the planned deputising arrangements for the person in charge had unexpectedly changed, and that new arrangements were in process and were awaiting final approval. This lack of clarity meant that on the day of inspection, reporting and escalation procedures were not known by the staff working in the centre. There was no defined system in place to demonstrate how risks and concerns were escalated to the registered provider.

The inspector found that there was insufficient oversight of the management systems in place, pertinent to supporting effective governance of the service. Records requested were either not made available or not known to the staff. Consequently, assurances could not be provided that accountability and responsibility for key aspects of the service were robust. For example;

- ineffective record management systems. Records required by Schedule 2 of the regulations were not available for review on the day of inspection. Assurances were submitted following the inspection process.

- a review of the record of staff training recorded found that half of the staff nurses working in the centre had not received fire safety training. This was a risk as there was only one staff nurse on duty in the centre both day and night.
- It was not clear who held responsibility to manage risk in the centre. For example, a review of the roster found that the centre was predominantly staffed by agency staff. This was an unidentified risk to the continuity of care, compounded by the lack of nursing management support.
- At the time of inspection, there was no person responsible for ensure staff rosters were completed. Additionally, there was insufficient nursing staff resources in place to sustain planned rosters, and respond to planned and unplanned leave. For example, agency staff were fulfilling every nurse shift, with no permanent nursing staff in the centre.
- the checking system for monitoring fire safety had not been recorded since the departure of the person in charge.
- the checking system in place to monitor cleaning was last recorded on the 22 April 2024.

On the day of the inspection, there was sufficient care staff on duty delivering the direct care. The inspector was told that staff were facilitated to attend training appropriate to their role. However, staff did not always demonstrated an appropriate awareness of this training. For example, staff did not demonstrate an appropriate level of knowledge with regard to management of what action to take in the event of the sounding of the fire alarm.

A review of complaints management found that all complaints had been appropriately managed in line with the centre policy. However, there was no member of staff allocated to manage any new complaints received.

### Regulation 15: Staffing

On the day of inspection, the staffing levels and skill-mix were appropriate to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff supervision arrangements were not in place. There was no nursing management personal reporting for duty in the centre. This meant that there was no oversight of the residents' clinical documentation to ensure the assessments and care plan documentation was accurate and up-to-date to reflect the current care needs of the residents. In addition, there was no supervision of the fire safety

awareness and the daily fire safety checks were not being recorded. The inspector observed repeated poor practice whereby fire doors were held open with pieces of furniture, effectively compromising their function to contain the spread of smoke and fire in the event of an emergency.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider failed to put deputising arrangements in place to ensure that the responsibilities of the person in charge could be met. The registered provider failed to ensure there was an effective management structure, with clear lines of accountability and responsibility in place. The organisational structure, as described in the centre's statement of purpose was not in place. This impacted on the overall governance and oversight of the service. Furthermore, it was not clear who held responsibility for monitoring key aspects of the service including the oversight of risk management, record management, and the direct provision of care to the residents. The absence of a person in charge, coupled with the failing of the provider to make adequate arrangement to appropriately monitor and supervise the service delivery was a risk to residents.

Judgment: Not compliant

### Regulation 32: Notification of absence

The provider had failed to inform the Chief Inspector that the person in charge was on planned leave for a continuous period of more than 28 days.

Judgment: Not compliant

### Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were promptly managed and responded to in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant



## Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider had failed to notify the Chief Inspector the detail of the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment: Not compliant

## Quality and safety

Residents in the centre were satisfied with the quality of the service they received. Nonetheless, the poor governance arrangements in the centre impacted on the quality and the safety of residents' care in the centre. The findings of this inspection reflect poor oversight of the service resulting in non-compliance across aspects of both the care delivery and care environment.

The inspector reviewed the documentation relating to care delivery in the centre. Following admission, a range of validated clinical assessment tools were used to determine the needs of residents. These assessments included level of dependency, skin integrity, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of four residents' care records and found that the care plans did not contain up-to-date information to guide staff in their care needs. The care plans reviewed were not always informed by the assessments, and did not reflect person-centred guidance on the current care needs of the residents. Furthermore, not all care plans were reviewed as the residents' condition changed. This posed a risk to resident care, particularly with regard to the levels of agency nurses in place, who would not always be familiar with the needs and preferences of each resident.

Residents had access to general practitioner (GP) services and were also supported by allied health care professionals such as dietitian, speech and language therapy and palliative care services.

A review of the premises on the day of inspection found that the centre was visibly clean. Residents had adequate communal space with a variety of rooms available for their use. There was a large communal sitting room, a large dining room, a visitors room and an oratory. The design and layout of the laundry room supported the functional separation of the clean and dirty phases of the laundering process. Staff also had access to a dedicated housekeeping room. There was one sluice room for the reprocessing of bedpans, urinals and commodes. These rooms were observed to be clean and tidy.

On the day of inspection, not all fire records supporting effective fire safety

management and servicing of fire equipment was available for review and were submitted following the inspection process. This detail is discussed further under Regulation 28: Fire precautions.

Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect. Residents were facilitated to access a varied and inclusive activity programme in the centre. Residents were engaged in activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme.

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area if they wished.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 17: Premises

On the day of inspection, the centre was observed to be visibly clean and in a good state of repair. There was ongoing maintenance and a painting programme in place to ensure that the overall premises were in a good state of repair externally and internally.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had failed to take adequate precautions to ensure compliance with Regulation 28, Fire precautions. This was evidenced by;

- evidence of quarterly servicing and servicing of fire fighting equipment was not available during the inspection and was submitted following the inspection process.
- daily fire safety checks and weekly fire alarm testing had not occurred since April 2024.
- the inspector observed fire doors were wedged open and therefore would not

close on the sounding of the fire alarm.

- staff responses on what action to take in the event of the fire alarm sounding were inconsistent and lacked detail.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Residents did not always have an accurate assessment of their needs completed. For example; the personal emergency evacuation plan (PEEP) assessments did not reflect the resident current mobility status.
- Some residents who were assessed as requiring specific care interventions to manage their complex care needs did not have an appropriate care plan in place to guide their care. The detail of actions to take when residents became symptomatic of their condition was not contained within the care plan.

Judgment: Not compliant

### Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as necessary.

Judgment: Compliant

### Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. 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

All residents spoken with reported that they felt their rights, privacy and expressed wishes were respected. Independent advocacy services were available. Residents expressed high levels of satisfaction with the activities in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 32: Notification of absence	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Áras Ronáin Community Nursing Unit OSV-0000628

Inspection ID: MON-0043695

Date of inspection: 22/05/2024

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• Staff have reviewed their fire safety training and management is engaging with them to ensure they are fully familiar with fire safety procedures.</li> <li>• Onsite fire drills are being continued</li> <li>• All staff will have updated fire training complete by 01/08/2024</li> <li>• Nursing Staff are undertaking care planning for older person course on HSE land.</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has put in place the following governance arrangements to address the concerns raised,</p> <p>An Acting Person in Charge is in place. They are supported by the Director of Nursing of one of our CNU’s who will attend the centre weekly to assist, with other colleagues as and when required. Colleagues from QPS, IPC and Fire in CHO 2 will be scheduled for regular support visits. The Residential Service Manager will be on site on a regular basis, at a minimum every 3 weeks.</p>	

Regulation 32: Notification of absence	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of absence:</p> <p>The notification required has been submitted.</p>	
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre:</p> <p>The notification required has been submitted in with the revised operational management arrangements</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Door wedges were removed on 22/05/2024 and are no longer in use</li> <li>• Staff have been reminded to only record fire alarm checks and fire safety checks in the statutory register.</li> <li>• Staff have reviewed their fire safety training and management is engaging with them to ensure they are fully familiar with fire safety procedures.</li> <li>• Onsite fire drills are being continued</li> <li>• All staff will have updated fire training complete by 01/08/2024</li> </ul>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	



assessment and care plan:

- All care plans have been updated and reviewed by the acting CNM2 and supporting colleagues from another of our larger CNU's.
- All resident PEEP's have been updated
- The schedule of care plan reviews is updated to ensure regular action
- Nursing Staff are undertaking care planning for older person course on HSE land.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/08/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/07/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Red	17/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	17/07/2024

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	03/06/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/05/2024
Regulation 32(1)	Where the person in charge of the designated centre proposes to be	Not Compliant	Orange	30/06/2024

	absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/06/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	03/06/2024
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation	Not Compliant	Orange	30/06/2024

	32, such notice shall include details of the procedures and arrangements that will be in place for the management of the designated centre during that absence.			
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