



**Health  
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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:	Áras Mhic Dara Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Barrarderry, Carraroe, Galway
Type of inspection:	Unannounced
Date of inspection:	07 January 2025
Centre ID:	OSV-0000626
Fieldwork ID:	MON-0044511

## 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 38 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:	29
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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
Tuesday 7 January 2025	10:15hrs to 16:40hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Feedback from residents was that this was 'a very good place to live', and that staff were kind and attentive to their needs. Staff were observed to deliver care and support to residents which was person centered and respectful, and in line with their assessed needs.

Following an introductory meeting with the person in charge, the inspector completed a tour of the building. The person in charge was known to all of the resident's that were met on the tour, greeting each resident by their first name, introducing them to the inspector and giving the residents an explanation of why the inspector was in the centre.

The centre was a single-storey building and provided accommodation for 38 residents. Bedroom accommodation comprised of single and double bedrooms. 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. Some residents displayed Christmas decorations and pieces of artwork. Communal areas included a large sitting room, an oratory, a conservatory, smaller sitting rooms and two dining rooms.

There was safe, unrestricted access to outdoor areas for residents to use. These areas included well-presented internal gardens which contained a variety of suitable garden furnishings and shrubbery.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was visibly clean, tidy and well-maintained. Call bells were available in all areas, and answered in a timely manner. All communal areas were found to be appropriately decorated, with communal areas observed to be suitably styled and furnished to create a homely environment for residents.

Residents were observed in the various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. As the day progressed, residents were observed in the communal areas, watching TV, drawing, chatting to one another and staff, or participating in scheduled activities. The centre was embedded in the community and residents were facilitated and encouraged to attend local events. Pupils from a local secondary school attend the centre on school days to play live music which was greatly appreciated by the residents.

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. The communal sitting room was supervised at all times with staff in attendance to respond to any requests. 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 and familiar chats could be heard between residents, visitors and staff. The inspector observed that staff moved between speaking in Irish and English, depending on the residents' preference.

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 always provided them with everything they needed to live comfortably. 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.

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.

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.

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

## Capacity and capability

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). There were 29 residents accommodated in the centre on the day of the inspection and nine vacancies.

The inspector found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a very high standard. The

findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents.

The Health Services Executive (HSE) is the registered provider of Aras Mhic Dara Community Nursing Unit. The governance and management was well-organised, and the centre was well-resourced to ensure that residents were supported to have a good quality of life. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge was supported by a person participating in management who had regular engagement with the centre. Within the centre the person in charge was supported by a clinical nurse manager and a full complement of staff including nursing and care staff, activity, housekeeping, catering, administrative and maintenance staff. The local management team were a visible presence in the centre and were well known to the residents and staff.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of registered nurses and a team of multi-task attendants. Teamwork was very evident throughout the day.

The provider had management systems in place to monitor and review the quality of the service provided for residents. A range of clinical and environmental audits had been completed. These audits reviewed practices such as care planning, management of nutrition and weight loss, and infection control. Where areas for improvement were identified, action plans were developed and completed.

There was evidence of effective communication systems in the centre. Regular staff team meetings had taken place. Minutes of meetings reviewed showed that a wide range of relevant issues were discussed. 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.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

Staff had access to, and were facilitated to attend education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

## 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.

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 the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Following the last inspection, the provider had reviewed the residents contracts of care. The contracts reviewed were in line with regulatory requirements.

Judgment: Compliant

## Quality and safety



Residents living in Aras Mhic Dara received a high 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 their access to health care, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence was promoted.

Residents had a comprehensive 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 used to develop an individualised care plan for each resident which addressed their individual health and social care needs. A sample of residents' records were reviewed and the inspector found that care plans reflected person-centred guidance on the current care needs of residents. 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. Residents were provided with access to their GP, as requested or required. 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.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents assessed as at risk of malnutrition were referred for further assessment by an appropriate health professional.

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. Residents reported that they felt safe living in the centre.

The needs and preferences of residents who had difficulty communicating were actively identified by staff, and efforts were made to support residents to communicate their views and needs directly. For example; multiple residents first language is Gaelic and the person in charge ensured that a fluent Gaelic speaker was on duty at all times.

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. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. For example; a small number of resident had an expressed wish to remain in bed until mid-morning. This choice was respected.

Activities were observed to be provided by dedicated activities staff, with the support of health care staff. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer. 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. Residents were kept informed about services they could access, if needed. This included independent advocacy services.

A review of the fire safety systems in the centre found that there were systems in place to ensure that fire detection and emergency lighting were maintained at scheduled intervals. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. Staff demonstrated good knowledge of the procedures in place to respond to the fire alarm, or in the event of a fire. Annual fire training had taken place. Fire upgrade works to fire doors had been completed.

The premises was designed and laid out to meet the needs of residents. 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

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed and supported to enable residents to make informed choices and decisions.

Judgment: Compliant

#### 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

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 to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

### Regulation 20: Information for residents

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

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had an appropriate fire detection and alarm system. The fire alarm was serviced. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.

Services such as physiotherapy were available to residents and services such as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The centre was a pension agent for a number of residents. Each resident received monthly statements. The system in place supporting residents to manage their monies was clearly documented and transparent. Residents had unrestricted access to their funds.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre and residents' privacy and dignity was observed to be 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
<b>Capacity and capability</b>	
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	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant