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## Aras Ui Dhomhnaill Nursing Home, Loughnakey, Milford, Donegal

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**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Aras Ui Dhomhnaill Nursing Home
<b>Centre ID:</b>	OSV-0000313
<b>Centre address:</b>	Loughnakey, Milford, Donegal.
<b>Telephone number:</b>	074 91 63288
<b>Email address:</b>	info@sheephavenhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sheephaven Investments Limited
<b>Provider Nominee:</b>	Catherine Anne McGilloway
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	Shane Grogan
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	43
<b>Number of vacancies on the date of inspection:</b>	5

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 19 April 2016 10:00 To: 19 April 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Non Compliant - Moderate
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

**Summary of findings from this inspection**

Aras Ui Domhnail is a purpose-built single-storey premises, which provides residential care for 48 people. It is located in a countryside setting. The atmosphere was home like, comfortable and in keeping with the overall assessed needs of the residents who lived there. The centre had a number of dementia friendly design features that included spaces where residents could walk around freely, good lighting, interesting features such as murals and mosaics on walls in a dining room and in the garden to provide interest for residents. Hallways were wide and unobstructed, there was good contrast in the colours used for floors, walls and handrails. Communal areas were easy to locate. Ensuites in bedrooms were visible from beds to prompt residents to use these facilities. There were several communal areas where residents could spend time and engage in activity or spend time quietly and all areas were noted to be used well by residents at varied times of the day. The dining experience was pleasant with residents able to choose between using the large or small dining room for meals. Residents who required support to eat were observed to have appropriate

assistance from staff and were treated with respect and dignity. Bedrooms were single or double occupancy and all had ensuite facilities which promoted privacy.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Residents also had a comprehensive assessment following admission and care plans were in place to meet their assessed needs. Approximately a third of residents were assessed as having a dementia or a dementia related illness when this inspection was completed. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. Some care plans were noted to require improvement as they did not convey how dementia impacted on residents' day to day lives as they did not indicate what abilities and capacity residents continued to have, who they continued to recognize or their overall level of orientation.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents. Inspectors used a validated observation tool, the quality of interactions schedule, or (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in three communal areas. The observations took place in different communal areas including a period of scheduled activity. Inspectors observed that staff knew the residents well and connected with each resident on a personal level however there were times when residents needed assistance and this was not observed by staff due to the layout of seating in one sitting room. Staff were familiar with residents' care needs and family backgrounds and efforts were continuously made to chat to them about daily life and local news. Instances of warm and caring interactions between staff and residents were observed during the observation periods.

Inspectors found there was a varied activity programme. Activities included arts and crafts and specific sensory activity aimed at the needs of people with dementia such as Sonas, massage, and sensory therapeutic sessions for residents with advanced dementia and/or limited physical abilities. There was information on background life styles however the inspectors found that in some instances this information required expansion to adequately inform care plans and the activity programme and to ensure care planning was fully reflective of residents' past lives and interests. Residents were facilitated to exercise their political and religious rights. There was an oratory area and religious services were held regularly. Mass was celebrated weekly and many residents said they valued the opportunity to pray and go to Mass.

There was a residents' committee in operation. Inspectors viewed the minutes of meetings. There was evidence that residents were consulted and the recorded details indicated that residents were happy with aspects of life such as food, entertainment and the general services provided. There was evidence that residents had been consulted about developments including the new secure garden area. The centre did not have access to an advocacy service to support residents. The person in charge said that access to such as service would be explored to ensure that residents had independent support to address issues that might arise or to support them when making complex decisions. Inspectors observed that residents were free to spend their time as they wished. Some residents were observed to spend time in their own

rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the different communal areas of the centre. Newspapers and magazines were available and inspectors saw staff reading to residents and discussing news with them. Staff told inspectors that every effort was made to provide each resident with the freedom to exercise choice in relation to their daily activities.

Safe and appropriate levels of supervision were in place to maintain residents' safety. There was appropriate staff numbers and skill mix to meet the assessed needs of residents.

The areas noted to require attention during this inspection are identified under the outcomes reviewed and outlined for attention in the action plan at the end of this report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors were satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and that appropriate medical and support from allied health care professionals was available. There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. A comprehensive programme of social care was available. There were 43 residents in the centre during this inspection. Twenty eight residents had been assessed as maximum or high dependency and fifteen had low dependency needs. Thirteen residents had a formal diagnosis of dementia. A referral pathway was in place for residents with dementia to ensure they had access to ongoing assessments from the mental health team for old age psychiatry and to diagnostic procedures to ensure optimum health and wellbeing was promoted.

Comprehensive assessments were undertaken prior to and following admission. The person in charge said that care was taken to ensure that the centre was an appropriate setting for each resident admitted. The assessment process included the use of validated tools to assess varied aspects of each residents' health condition and included nutrition health, their level of cognitive impairment, vulnerability to pressure area problems and skin integrity. Care plans based on the completed assessments were prepared within 48 hours of admission.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Actions required from the previous inspection relating to care plans had been completed. Inspectors saw that families were invited to meet with staff and their relative to update care plans. Decisions made in relation to active interventions or do not resuscitate decisions were reviewed regularly by doctors and the nursing care team. The standard of care planning in relation to dementia care was generally good with details on residents' backgrounds and lifestyles used to inform care practice. However, this finding was not consistent across all care plans examined as some were found to lack detail on how dementia impacted on day to day life. For example, residents' capacity for independence, who they continued to recognize, if they could participate in group activity was not always recorded to guide

staff interventions.

Inspectors found there was a varied activity programme that included sessions of arts and crafts, exercise and music available to meet the needs of residents. A specialist sensory activity-Sonas targeted towards the needs of residents with dementia was also available twice a week. Information from residents was collated by staff and used to make the programme relevant to residents' interests and life styles.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dieticians and speech and language therapists where appropriate. Inspectors also noted that individual preferences and habits around mealtimes were recorded.

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. The practices were supported by an end-of-life policy. Having reviewed a sample of care plans, inspectors found that residents or their relative had been given the opportunity to outline their wishes regarding end of life.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), dietetic services and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. Inspectors reviewed residents' records and found that where residents had been referred to these services the results of appointments and recommendation were written up in the residents' notes and transferred to care plans. Many residents with complex care and mobility needs were assessed by occupational therapy services and had assistive wheelchairs to promote their comfort and mobility needs. Regular contact was maintained with the Health Service Executive continence advisory nurse. There is a local arrangement in place and a regular clinic to assess and advise on continence management has been established.

Inspectors reviewed a sample of administration and prescription records and noted that medication management practices met good practice standards. Some residents required medication on an "as required" (PRN) basis or in crushed /liquid formats. This was identified on the prescriptions and the appropriate format made available to residents.

**Judgment:**  
Substantially Compliant

## ***Outcome 02: Safeguarding and Safety***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The procedures for the protection of vulnerable people and the prevention of elder abuse were examined as part of this inspection. The procedures were found to be comprehensive and regularly reviewed. Staff who spoke to inspectors displayed a working knowledge of the policy and were fully aware of their obligations to identify and report any suspected abusive behaviour. Inspectors spoke to residents who stated that they were happy in the centre and felt it was a safe place to live. At the time of the inspection there were no protection incidents being investigated.

Inspectors reviewed the systems in place to safeguard residents' finances and found them to be robust. A system of double signing for transactions was in place and the centre encouraged residents to manage their own money.

A restraint free environment was being promoted. There was evidence of regular review of care plans with a deliberate effort being made to reduce all forms of restraint within the centre. There had been a consistent reduction in the use of bedrails and five bedrails were in use as protection against falls. Inspectors noted that appropriate risk assessments had been undertaken. Staff spoken to confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds had also been purchased to reduce the need for bedrails. There was a protocol in place to ensure safety and regular checks were undertaken by staff to ensure the positions of bedrails were safe and appropriate.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation*****Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors were satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. There was evidence of a good communication culture amongst residents and the staff team. Inspectors talked to care staff about how they facilitated choices for residents on a day to day basis. They described assisting residents to choose their clothes and giving them a choice about when they went to bed and got up. Choices in relation to personal hygiene, frequency of baths and showers and grooming were also established by carers, respected and

facilitated according to residents choices. Inspectors observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. The inspectors saw that residents could exercise choices and observed that residents got up at varied times during the morning and were able to have breakfast at a time that suited them. During the day, residents were able to move around the centre freely. There was adequate signage to direct residents to bedrooms and bathrooms.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents. Inspectors used a validated observational tool, the quality of interactions schedule, or (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in communal areas. One of the observations took place in the sitting room while a game of bingo was taking place. Overall the interaction was between staff and residents was found to be positive. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 33% of interactions demonstrated positive connective care, 33% reflected task orientated care while 33% indicated neutral or protective and controlling care. These results were discussed with the person in charge and the provider who attended the feedback meeting. The layout of the sitting room contributed to the negative rating in one observation. The seating arrangements where some chairs are back to back made it difficult for care staff to see when residents required help and also made it difficult for residents participating in an activity to see each other which could prompt some to follow instructions.

During the lunch time period staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity.

Inspectors observed good practice by staff in preserving the dignity of residents. For example, staff helping residents who required assistance at mealtimes did so in a discrete, friendly and dignified manner. Residents stated that they did not feel rushed, enjoyed their lunch and felt that the centre was a good place to live.

There was an open door policy regarding visitors with no unnecessary restrictions imposed on visits. Inspectors observed that some residents were spending time in their own rooms, and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the different communal areas of the centre. Newspapers and magazines were available in varied locations and inspectors saw residents reading independently and staff were also noted to read to residents and discuss the news.

There was a residents committee in place with regular meetings taking place. A review of the minutes of these meetings showed that an average of ten residents attended and issues discussed at the meetings resulted in changes being made in the centre.

A review of the arrangements in place to facilitate an independent advocate for residents required review. An informal system is in place whereby family members are

invited to attend the residents' meetings but an arrangement to have an independent advocacy service for residents was not in place.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The actions from the previous inspection had been carried out. An independent person to oversee the appeals process had been nominated and the amended complaints policy included the appeals procedure.

A review of the complaints log showed that complaints were dealt with comprehensively and in a timely fashion. There was clear evidence that the centre was acting in accordance with its complaints policy. There was evidence of learning from the complaints process and improvements put in place to reduce the possibility of similar issues recurring.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was an appropriate number and skill mix of staff to meet the assessed health and social care needs of residents. Mandatory training was regulatory scheduled and staff were up to date with training in fire safety, safe moving and handling and safeguarding vulnerable persons. Training to support the professional development of staff was also provided and included, medication management, continence promotion and dementia care. .

Inspectors were told by residents and staff and they also observed that while healthcare staff were busy they could generally meet the needs of residents in a timely and person centred manner. As outlined under Outcome 3, the observations of the quality of

interactions between residents and staff in the communal area for a selected period of time indicated that some interactions were not person centred. However, this related more to the layout of the seating where staff were unable to see residents who needed assistance at all times rather than staff availability.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handovers each day to ensure good communication and continuity of care from one shift to the next. The inspectors saw records of regular meetings between nursing management at which operational and staffing issues were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the providers and the person in charge. The inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre is a modern building located in a country side setting and is a short distance from the town of Millford. The design of the building contributed positively to dementia care practice. Hallways were wide and unobstructed and there was contrast in the colours used for floors, walls and handrails. Residents had a choice of places to spend time during the day. There was a conservatory and a small sitting room where residents could spend time quietly away from activities and television. These areas were noted to be used throughout the day and evening. Dining areas were spacious, had good lighting and were easy to identify. There were fixtures and fittings that could aid and promote reminiscence in varied areas. One dining room was decorated in a particularly home like way with murals of a cottage garden scene and a country kitchen which were points of interest for residents. Sitting area had bookcases and lamps that contributed to the home like environment.

Bedrooms were single or double occupancy. En-suite facilities in bedrooms were visible from beds and residents were able to see the outdoors when sitting by windows. Inspectors observed that a number of residents had personal items such as photographs, ornaments and books in their rooms. Staff said that they encouraged residents to bring in personal belongings to remind them of family events and to ensure that their rooms were personal to them. Signage had been provided to help residents find their way around the building and although not extensive the signage available was meaningful. For example signage on the sitting room door had an armchair and the location of other areas such as the conservatory was depicted by photographs of similar

rooms.

A large secure accessible garden had been created since the last inspection. It was attractively organized and the planting scheme provided interest for residents. Mosaics made by residents during art sessions. Several residents told inspectors that they had enjoyed the garden on fine days were looking forward to getting out during the summer and seeing the shrubs and flowers bloom.

Access to areas that may pose a risk to residents such as the sluice room is restricted. There was a call bell system in place so that residents could request help when in bedrooms or communal areas. Hoists, pressure relieving mattresses and other assistive equipment were available and records indicated such equipment was regularly serviced. The inspectors found that the arrangements in place were suitable to the needs of residents. The person in charge said that the current arrangement where all residents are integrated together works well for the resident group. There is scope to organize a designated area for residents with dementia should this be required.

The entrance lobby opens onto an open plan area where some residents liked to sit for periods during the day. This area was noted to be well used. Residents told inspectors that they liked to chat together and to watch the general activity as this was where visitors entered the centre and was also the main access point to the sitting and dining rooms. While the area was large and well furnished it was not suitable for some residents where privacy and dignity had to be protected by staff due to their cognitive impairment. Staff said they were aware that the constant activity and background noise could be a stress factor for some residents and said they ensured that residents were seated in the sitting rooms which were quieter and more suitable to their needs.

**Judgment:**

Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### *Report Compiled by:*

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Aras Ui Dhomhnaill Nursing Home
<b>Centre ID:</b>	OSV-0000313
<b>Date of inspection:</b>	19/04/2016
<b>Date of response:</b>	07/07/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some care plans were found to lack detail on how dementia impacted on day to day life. For example, residents' capacity for independence, who they continued to recognize, if they could participate in group activity was not always recorded to guide staff interventions.

#### **1. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**

We have commenced a review of each resident's care plan in order to identify areas where we can continue to enhance the present detail on how dementia impacts on each individual's day to day life.

**Proposed Timescale:** 31/08/2016

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

An arrangement to provide an independent advocacy service for residents was not in place.

**2. Action Required:**

Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

**Please state the actions you have taken or are planning to take:**

Arrangements will be made to inform residents of locally available advocacy services.

**Proposed Timescale:** 31/07/2016

**Theme:**

Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The layout of the sitting room contributed to the negative rating in one observation. The seating arrangements where some chairs are back to back made it difficult for care staff to see when residents required help and also made it difficult for residents participating in an activity to see each other which could prompt some to follow instructions.

**3. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

**Please state the actions you have taken or are planning to take:**

We will trial a layout change in the sitting room as well as adjusting the timing of activities in order to maximize optimal resident enjoyment of activities and enhance staff supervision.

**Proposed Timescale:** 31/08/2016

**Outcome 06: Safe and Suitable Premises**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The layout of one sitting room required revision to enable staff to support residents effectively when engaged in activity.

**4. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**

We will trial a layout change in the sitting room as well as adjusting the timing of activities in order to maximize optimal resident enjoyment of activities and enhance staff supervision.

**Proposed Timescale:** 31/08/2016