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Arás Ronáin Community Nursing Unit, Mainistir, Inishmore, Aran Islands, Galway.

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Arás Ronáin Community Nursing Unit
Centre ID:	OSV-0000628
Centre address:	Mainistir, Inishmore, Aran Islands, Galway.
Telephone number:	099 610 46
Email address:	maireada.walsh@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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.

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: 01 October 2014 09:00 To: 01 October 2014 16:00

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

Outcome 11: Health and Social Care Needs
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, end of life care and food and nutrition and reference is also made to care planning and assessment in Outcome 11.

In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents and staff, observed practice in the centre and reviewed documents such as menus, care plans and medical records. The inspector also read survey questionnaires completed by relatives and received by the Authority following the inspection.

The person in charge, who completed the provider self-assessment tools, had judged the centre to be in minor non-compliance with both outcomes.

The inspector found that residents' end-of-life care was well managed and there was good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days and families expressed a high level of satisfaction with end of life care their relatives had received. However, the inspector found that suitable assessment of residents' end of life wishes had not been undertaken and specific care plans had not been developed to guide end of life care.

Residents' nutritional needs were well met and residents were complimentary of the food provided although, some of the nutritional plans viewed had not been suitably completed and updated to guide staff on the appropriate care to be provided. The menu was generally varied and suited to residents' specific needs. Food appeared

wholesome and nutritious and residents requiring assistance were supported in a respectful and appropriate manner. Residents had regular nutritional assessment and monitoring. Some improvement, however, was required in the choice available for residents with special dietary needs and in nutritional care planning.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector viewed the processes in place for the assessment and care planning for nutritional and end of life care. Other aspects of health care were not reviewed at this inspection.

The inspector viewed a sample of records, including some for deceased residents. Records indicated that residents were comprehensively assessed on admission and at regular intervals thereafter. There was evidence that residents were regularly reviewed by their general practitioner (GP) and with increased frequency as they approached end of life. However, the inspector found that suitable assessment of residents' end of life wishes had not been undertaken and specific care plans had not been developed to guide end of life care. The person in charge explained that the end of life assessments were at an early stage of formulation and required further development which would be undertaken following the completion of scheduled training for all staff in the near future. The GP had carried out assessments on all residents regarding resuscitation. This was reviewed in consultation with the resident, their next of kin and nursing staff in response to changes in health status.

Nutritional assessments and reviews were being undertaken as discussed in outcome 15 of this report. While nutritional assessments were generally well written, the inspector found that some of the nutritional plans viewed had not been suitably completed and updated to guide staff on the appropriate care to be provided. For example, interventions to ensure sufficient calorific intake were not clearly documented.

Judgment:

Non Compliant - Minor

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an important part of the care service provided. The inspector found that care provided to residents approaching end of life was to a good standard. However, assessment of residents' end of life care wishes required improvement and this is discussed in outcome 11 of this report.

There was an end of life care policy, with provided guidance to staff on many aspects of end of life care including palliative care, spirituality and dignity.

The person in charge submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care. The non-compliances related to care planning and staff training and had not been completed but were in progress at the time of the inspection.

Questionnaires had been sent to relatives of deceased residents, by the person in charge, prior to the inspection and several completed questionnaires were returned to the Authority. These relatives stated that they were very satisfied with the care which had been provided before, both during and after the death of their loved one. They stated they were made feel welcome and were facilitated to stay overnight and be with the resident during his/her last days. Relatives reported that residents' wishes, with regard to their place of death were respected and confirmed that their relative had received care in a single room.

There was an open visiting policy and family and friends could be with the resident approaching end of life at all times. There was ample communal and private space and there was a visitors' room with comfortable seating available for relatives who wanted to stay overnight. Tea and coffee making facilities were provided in the kitchenette which families had access to. Relatives who wished to stay overnight in the centre were offered a vacant room if there was one available.

The person in charge and staff explained that the centre maintained strong links with the palliative care service. This support was accessed by GP referral. Staff confirmed that, in spite of the island location, that palliative care nurses came to the centre as required and guided staff in areas such as care of symptoms and pain management and provided support to families. The GP also came to the centre regularly to review residents medical care needs. Some staff had received training in end of life care, use of syringe drivers and palliative care. The person in charge had identified a need for staff

training in end of life assessment and had made plans for this training to be delivered to all staff in November 2014.

Residents' spiritual needs were well met at all times including at end of life. There were links with religious ministers of all denominations. At the time of inspection Roman Catholicism was the only religion practiced in the centre. A priest came to the centre daily to meet with residents and was available at any time to support residents at end of life and their families. Mass was celebrated in the centre at least once each week and the sacrament of the sick was administered monthly and as required. There was an oratory in the centre and deceased residents could be reposed there for a period before being transferred to the family home as was the tradition on the island. This gave other residents and staff an opportunity to pay their respects and pray with the deceased person.

The person in charge had taken measures to respect residents' dignity at end of life. There was one room in the centre retained for palliative care, which could be occupied either by a member of the community who was transferred to the centre for end of life care or by a resident who had been previously accommodated in a shared room in the centre. Staff supplied relatives with discreet zipped bags for the removal of deceased residents' belongings and the spiral symbol was displayed when a resident was approaching end of life or when a deceased resident was present in the centre. Bereavement support information was available to families.

The inspector viewed the files of some deceased residents and found that appropriate care was delivered in line with recommendations of the palliative care team and GP. Care delivered was suitably documented. No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that residents were provided with food and drinks adequate for their needs, although improvement to the documentation of nutritional records was required and this is discussed in outcome 11 of this report. Food was suitably prepared,

cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. Residents who spoke with the inspector were very satisfied with the standard of catering and confirmed that they were offered choices at mealtimes and could have food and snacks whenever they wanted it. However, improvement to the choices of deserts for all residents, including residents with specific dietary, needs was required.

The provider had employed a private catering company to supply meals to residents and this company worked in conjunction with the person in charge and nursing staff. The provision of meals and the development of menus was overseen by a catering supervisor who was not based in the centre. Nursing staff supplied the catering manager and catering staff with information on residents' assessed nutritional needs. The chef stated that the catering supervisor had devised a three-week menu plan based on residents' assessed likes and dislikes. The menu offered two main meal choices each day as well as hot and cold evening tea options. The main courses on the menu were varied and had been nutritionally assessed by the catering company's dietician. However, the selection of deserts offered to resident was poor. There was no choice of desert available and the same range of deserts were repeated on the menu plan each week. There was no evidence that residents were formally involved in menu planning process or that their views had been sought. The meal choices were on display in the dining room, and staff members talked with all residents each morning to establish their meal preferences for the day.

The chef knew the residents well and told the inspector of residents' likes, dislikes and dietary needs. Some residents required special diets or a modified consistency diet and this was provided for them. However, there was improvement required to the choices of desserts and confectionery for residents on diabetic diets. While these residents were supplied with food suitable for their needs, the choice and variety of deserts and confectionery was limited. A choice of alternative deserts, confectionery and biscuits were not provided. For example, on the day of inspection the only option for diabetic residents was sugar-free jelly. In addition, on the day of inspection, there was no fresh fruit or alternative supply of frozen fruit available in the centre. The inspector noted that residents were offered snacks throughout the day, including hot and cold drinks, soup and biscuits. In addition, snacks were available to residents if they wanted something to eat in the evenings or during the night. Residents who required increased nutrition were supplied with nutritional supplements but did not have their meals fortified with additional nutritious ingredients. Residents confirmed they were very satisfied with the standard of catering and that food, drinks and snacks were available to them at all times.

The inspector joined residents in the dining room for lunch and observed mid-morning and afternoon snack rounds. Most residents opted to take their meals in the dining room, which was well furnished, bright, and comfortable. The dining experience was found to be pleasant and relaxed. There were sufficient staff present in the dining room to support and encourage residents with dining and staff chatted with residents throughout the meal. All residents were suitably seated and positioned while dining.

The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at regular intervals thereafter. Residents' weights were monitored and recorded monthly. Improvement to care planning for nutritional issues was required and this is further discussed in outcome 11 of this report.

There was a food and nutrition policy in place to guide staff.

Judgment:
Non Compliant - Minor

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:

Jackie Warren
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 report¹

Centre name:	Arás Ronáin Community Nursing Unit
Centre ID:	OSV-0000628
Date of inspection:	01/10/2014
Date of response:	22/10/2014

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 11: Health and Social Care Needs

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Suitably documented care plans had not been developed to guide end of life care.

Care plans had not been suitably updated to guide nutritional care.

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

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

A new end of life care plan is being devised. All care plans in place are being revised to guide nutritional care.

Proposed Timescale: 01/11/2014

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no choice of desert available and the same range of deserts were generally repeated on the menu plan each week.

The choice and variety for residents on diabetic diets was limited.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

The menu has been updated to include a full range of deserts which also includes a selection of diabetic deserts.

Updated menu put in place on 10th October 2014.

Proposed Timescale: 10/10/2014