Learning from this annual review will be used to continuously improve service in Áras Chois Fharrage.

We would like to thank residents, relatives and staff for their co-operation in producing this document

– Management Team
Summary

A basic principle of quality measurement is: If you can't measure it, you can't improve it. Therefore, for this Annual Review we have selected a number of Key Performance Indicators in relation to the quality of care at Áras Chois Fharraige, in order to track and improve performance.

Key performance indicators help us to identify where improvements are required. By tracking performance the management team can examine whether care is improving, staying the same, or worsening. Continued monitoring will also enable us to better understand where we are now and how we can improve the service we provide to our residents. Where possible indicators have been triangulated using multiple sources of information.

The following Key Performance Indicators are identified as some of the key components of quality measurement for nursing homes. As well as having a significant direct impact on the experience of residents they are also indicative of general levels of
service and organisational performance:

° Incidence of falls: the falls rate at Áras Chois Fharraige is half the average rate for nursing homes in Ireland and is continuing to reduce (page 42)

° Incidence of pressure ulcers: strict protocols ensure that no resident has ever developed a pressure ulcer of Level 2 or above (page 20)

° Infection control: there has never been an outbreak of an infectious disease (page 46)

° Resident and relative satisfaction: service users report 100% overall satisfaction (page 10)

° Staff to resident ratio: staffing levels are 23% above RQIA requirements (page 34)

° Time taken to answer non-urgent call bells: the time taken to answer a non-urgent call bell has halved in the past 12 months (page 42)

These Key Performance Indicators help to create an assessment of where the Home is now and how to drive improvement into the future.

Aidan McGrath - Registered Provider
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Introduction

In carrying out this annual review, the systems and practices in Áras Chois Fharräige Nursing Home were considered and examined under the seven sections, which reflect the dimensions of a quality service, and the 32 standards, set out by the Health Information and Quality Authority (HIQA, 2009).

In order to include the input of residents and relatives in this review, as is required, a Resident and Relatives Survey was carried out and input from respondents was added to relevant sections. We have also made an effort to include direct input from our residents in this review as we feel that empowering residents to give input into what they want and how they feel their needs are being met, helps us to improve the service we provide to them.

To further ensure resident and relative engagement members of the Residents and Relatives Committee will be asked for their feedback into the document as it now stands. It is intended that the document will be presented to the Resident and Relatives Committee for ratification.

The Home had four monitoring inspections during 2014. We would like to thank the Authority for the guidance provided by these inspection reports. After each inspection action plans were implemented in the Home and improvements made.
SECTION 1

RIGHTS

Standard 1: Information
Standard 2: Consultation and Participation
Standard 3: Consent
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Standard 5: Civil, Political and Religious Rights
Standard 6: Complaints
Standard 7: Contract/Statement of Terms and Conditions
Section 1 - Rights
Standard 1: Information

Information for residents and relatives is provided in a Statement of Purpose and Residents’ Guide. These documents were updated and reviewed in November 2014 and provide extensive information on the home, facilities and service. In 2014 the Home began to produce a quarterly newsletter, which is made available to all residents and relatives.

Prospective residents are given copies of the Residents’ Guide and orientation prior to admission. At the pre-admission stage residents are invited to visit the Home, to look around; meet other residents and staff; and pose any question they may have.

The Home developed its website www.thearas.com in 2014, to provide more information for relatives. The activities schedule is uploaded each month. The site also provides copies of the quarterly newsletter; Statement of Purpose, Residents’ Guide; and Complaints Policy and gives information on the residents’ committee. Videos providing information on life in the home and activities have also been uploaded. Further up-to-date information on activities and events is available on the Home’s facebook page: Cairde an Áras.

We are extremely conscious of the dignity and privacy of residents when considering what information is used in our online and print communication. Imagery and information used is carefully vetted to maintain dignity and privacy and only used with signed consent.

Standard 2: Consultation and Participation

A Resident & Relatives Survey was carried out to provide service user input into this review, as is required, and in order to drive improvement.
Results of the survey are being used to help guide future practice in key areas.

Residents and relatives were asked to rate their satisfaction level on 10 questions dealing with different elements of the care provided at the Home. In all 28 completed surveys were received. One further resident filled out the comment section of the survey only, in which he indicated satisfaction with the care provided, but he did not answer any of the specific satisfaction questions. In all the 28 respondents answered a total of 277 questions. The breakdown of overall responses is indicated below.

As can be seen the majority of questions were answered with "very satisfied" or "satisfied". A small number of responses were neutral (approximately 1%); one question out of the 277 answered indicated dissatisfaction with one element of service provision. No response received indicated the “very dissatisfied” response.

All respondents to the residents’ survey said that they were either "very satisfied" (82%) or "satisfied" (18%) with the quality of care provided at the Home, as can be seen below.

Respondents were given the opportunity to add further comments at the end of the survey. Thirteen did so. All written comments expressed satisfaction with the service. Some of these comments are included below:

*My father’s health has improved immensely since he was admitted ... all the staff are totally committed to his care ... regained his dignity and confidence since coming here. I can’t praise them enough.*

*Very happy with my mother’s care. A lovely homely place to live. It’s more like an hotel than a nursing home.*

*We are very happy to have our mother as a resident. We can visit her at any time and always feel welcomed and kept up to date.*

*This place is very good. Nothing nasty to say. It’s like home.*

*Very happy here since the first day I came in. We find no fault with the level of care provided ... visitors remark on the cleanliness ...*
Staff are very friendly and I feel secure and well cared for here
No problems. I am always happy here and have been for years. I always depend on you for everything.

Staff survey
To gauge staff members attitudes on different elements of the service provided by Áras Chois Fharraige a staff survey was emailed to 24 staff members in non-management roles. Responses were collected anonymously. We received 19 responses; a response rate of 79%. It is intended that those staff members who do not use email will be given the opportunity to complete the next staff survey in a paper format. Overall results were positive. For example 100% of staff members strongly agreed that they would recommend the nursing home to a friend.
Consultation

A nursing documentation audit showed that 100% of residents (and/or relatives) had been involved in the Home’s care-plan review and in the decision-making process. In all cases, there was also evidence to support the fact that there was ongoing and continued consultation with residents and family with regards to care.

Standard 3: Consent

Residents are asked for their consent to treatment and care. There is a consent form, which forms part of the residents care plan. This form, demonstrates that residents have been consulted about their choice of General Practitioner & Pharmacist. A recent audit of the nursing care plan (where the consent form is maintained), found a 100% compliance rate in this area.

Residents meeting are held every two months. Residents and relatives are given a voice through the Resident and Relatives Committee. Suggestions made by the group are listened to. For example at a residents meeting in late 2014 residents said they had difficulty hearing the Ministers of the Eucharist, at our annual Remembrance Service. At the Committee’s request the Provider installed a new audio system in the upstairs sitting room for group events/activities.

The committee is chaired by a well-known and respected independent person who is also a local Peace Commissioner, who acts as an advocate on behalf of residents. Residents meetings are recorded and a copy of the minutes are made available to all residents and family.

Standard 4: Privacy and Dignity

There are 34 single and 4 twin bedrooms. All bedrooms are en-suite. During 2014 additional wall mounted rigid partitioning and privacy curtains were fitted to the twin rooms to increase privacy. Residents are also provided with a key to their room on request.
Resident and Relatives Survey - Level of satisfaction.

The Residents and Relatives Survey revealed good levels of satisfaction that residents dignity and privacy were respected and that staff are professional and polite, with 100% of respondents either satisfied or very satisfied in these areas.

**Resident and Relatives’ Survey 2015:**

**How satisfied are you that: Staff are professional and polite**

A review of the management of laundry was also undertaken in 2014. A staff member was appointed to the laundry, and this person now manages all residents’ laundry. A new industrial 13.5KG washing machine was also installed.

**Standard 5: Civil, Political and Religious Rights**

Each resident has access to a medical practitioner, who visits the Home on a weekly basis and provides a call-out service as required. Weekend and out of hours call out service is provided by West Doc.

Eucharistic Ministers visit the Home to give communion once a week. The local parish priest celebrates mass once a month. Many of the current residents are Roman Catholic. We are happy to support residents of different religions, or no religion, in the practice of their beliefs.

Voting is facilitated in the Home for residents during elections.

**Standard 6: Complaints**

Management welcome all feedback from residents, relatives, staff and interested parties on ways to improve service at the Home. All contact is treated in the strictest confidence. Interested parties may bring any complaints or suggestions to the attention of the person in charge, or directly to the provider at any time. In 2014 all care staff received training in how to facilitate a person who wishes to make a complaint.

There is also a complaints/suggestions box at reception, where anonymous complaints or suggestions can be made. The Home recognises
that this feedback can be a tool to drive improvement and achieve excellence in care provision.

Resident and Relatives’ Survey 2015.

How satisfied are you that: You could talk to management and staff about any concerns

Complaints impacting on resident care may be investigated by an independent external investigator. This is to ensure that any complaint, is impartially and confidentially examined. The identity and confidentiality of any complainant is treated with the utmost regard.

The complaints policy was reviewed in 2014. The policy recognises that residents and their relatives have the right to complain, to be listened to and through our actions reach a satisfactory outcome. The complaints process is overseen by a member of the management team. In the event that the complainant is not satisfied with the outcome of a complaint they have the right to appeal to the Chairman of the Residents Committee who is a Peace Commissioner. A copy of the complaints policy with guidance on procedure is displayed in a prominent place in reception.

To improve service the Home conducted an audit of complaints received from residents or relatives. During 2014, we received a total of 12 complaints. Complaints were made in relation to two out of 66 residents. This amounts to one complaint for every 33 residents, or a complaints rate of 3%.

A total of two people made complaints. One person accounted for 11 complaints or 92% of all complaints made. The second person accounted for one complaint. Of the 12 complaints made, one complaint was withdrawn and two others were resolved quickly, as they concerned missing items of clothing that were subsequently found. Eleven of the complaints were made verbally and one was in written format. All complaints have been addressed by the Home.

<table>
<thead>
<tr>
<th>Nature of complaints</th>
<th>Written</th>
<th>Verbal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing Clothing</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Documentation</td>
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<td>2</td>
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</tbody>
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All of the complaints were assessed, rationale for some practices was offered and accepted and where improvement was required, action was taken to address the complainants concerns.

In 2014 all care staff had formal complaints management training, which focused on ‘customer’ care; appropriate responses and resolution. In the employee survey 53% of staff “strongly agreed” that staff knew what to do if there was a complaint. A further 37% of staff “agreed” with the statement. One member of staff neither agreed nor disagreed and one disagreed. Further training in complaints
management will be offered to any staff members who feel they needed more support in this area.

**Employee survey 2015**

To what extent do you agree/disagree that: Staff in this nursing home know what to do if there is a complaint

To what extent do you agree that: If I had a concern about a resident I could talk to management or my supervisor

**Standard 7: Contract/Statement of Terms and Conditions**

There is a contract for each resident, which sets out terms and conditions, including fees payable and services to be provided. A review of contracts indicates that all residents have a signed contract in place.
SECTION 2

PROTECTION

Standard 8: Protection

Standard 9: The Resident’s Finances
Section 2 - Protection

Standard 8: Protection

There is a protection policy in place which was reviewed in 2014. In 2014 staff received up-to-date training on abuse recognition and response.

Standard 9: The Resident’s Finances

The Home does not manage finance on behalf of residents. If residents are not in a position to manage their own financial affairs family members are requested to do so or arrange independent support and advice from solicitors.
SECTION 3

HEALTH & SOCIAL CARE NEEDS

Standard 10: Assessment

Standard 11: The Resident’s Care Plan

Standard 12: Health Promotion

Standard 13: Healthcare

Standard 14: Medication Management

Standard 15: Medication Monitoring and Review

Standard 16: End of Life Care
Section 3 - Health and Social Care Needs

Standard 10: Assessment

For several years the Home has used the care plan templates as recommended by Nursing Homes Ireland. However following a review in 2014 a new care plan document was completed by external consultants, using a well-recognised and accepted model of nursing (Roper, Logan & Tierney, 2002), which ‘facilitates consistent, evidence-based nursing care’ (Royal College of Nursing, 2004). The document contains a minimum of 17 clinical risk assessment tools for all residents (with further tools in use if a specific risk is identified).

All nursing staff received individual and group training sessions in completing this new care plan template. Ongoing training is being provided to help staff to transition to this new care plan system.

A director of nursing with 20 years experience has been employed to conduct a review of all care plans and to train staff in use of the new template.

Standard 11: The Resident’s Care Plan

Each resident has an individual care-plan. New nursing documentation includes a nursing care-plan based on the nursing process - assessment; care need identification; planning; implementation & evaluation. Residents’ care needs are evaluated twice daily, and there is ongoing evaluation of care.

Standard 12: Health Promotion

Residents are encouraged to keep active in line with their interests and abilities. As well as scheduled activities, residents have access to a safe and secure inner courtyard. There is also a handrail around the outside of the building to facilitate enjoyment of the landscaped garden. Residents are encouraged to give input into their health decisions and to make dietary and lifestyle choices which promote good health.

Sixty-two per cent of those admitted to Áras Chois Fharragaire come from acute care; 26% come from the community; and, 12% come from other long stay units. The average length of stay for those resident on 31 December 2014 was 29.2 months. Since the home opened 38% of all residents admitted returned home. The average age on discharge was 83 years old.
Standard 13: Healthcare
All policies identified in Appendix B of the HIQA standards have been reviewed and ratified. The action plans for 2015 include full implementation of these policies.

Residents are referred to healthcare services including primary care, secondary care, specialist services, and allied health professionals. We engage the services of a local pharmacist, who is available to meet with residents to discuss their medication. All residents are registered with a local General Practitioner; all residents are offered influenza vaccine and have regular medical reviews depending on their health requirements.

Residents & Relatives Survey 2015: Overall, how satisfied are you that residents are safely cared for?

Pressure ulcers
In the UK, the Department of Health has suggested that the prevalence of pressure sores is an excellent indicator of the quality of care delivered in a particular institution or healthcare facility.

As part of our monitoring systems we monitor the prevalence of pressure sores. In addition we are implementing a skin impairment notification to be completed weekly, that not only monitors for pressure sore formation, but which will also monitor skin rashes/scratches/bruises etc.

An audit of Skin care (including pressure sore prevention and wound management) completed by external healthcare professionals in October 2014 found that staff were knowledgeable about best practise in wound care. The audit found that “all staff well knowledgeable about pressure area care...all able to identify risk factors, discuss signs of skin impairment and identify risk reducing measures.” Staff were familiar with: prevention measures, at risk residents, signs of skin impairment; good skin care. It found that there is regular position change in place for high risk residents and that all residents documentation showed evidence of nutrition Management, BMI and MUST screening. Noting “there is evidence of good care in practise and sound clinical judgement.” The report recommended that all staff should continue to receive regular training in pressure area care.

The audit found that 100% of residents were assessed for pressure ulcer risk using a recognised tool (the Braden tool). 100% of residents had also had quarterly reviews. Where risk was identified an appropriate action plan was put in place to reduce risk in 100% of cases. This action plan was reviewed and updated in 100% of cases. As part of this audit the Home moved from the Braden tool to the Waterlow tool for monitoring pressure ulcer risk.

The HSE notes that depth of ulceration is documented using a classification system,
Category 1 through to Category 4. Category 1 represents superficial skin damage without a break in the continuity of the skin to category 4 which indicates extensive damage. A cross-sectional survey carried out by Moore & Cowman (2011) of 1,100 older individuals residing in 12 long-term care facilities in Ireland, showed a 9% prevalence rate, with pressure ulcers grade 2 at 33%; grade 3 at 15% and grade 4 at 24%.

No resident has developed a pressure ulcer of grade 2 or above while being cared for at Áras Chois Fharraige. During 2014 a resident was admitted to Áras Chois Fharraige with a significant pressure ulcer. Following successful wound care treatment the pressure ulcer fully cleared. In a letter of appreciation to staff her family commented that “she has had a new lease of life.”

In relation to pressure ulcer treatment Spiddal Medical Centre noted in 2014:

"Wound care is a specific area for which I would particularly commend nursing staff. There has never been a resident who incurred a pressure sore whilst in their care.... a truly impressive nursing feat. In the case of residents who had wounds upon admission, strict wound management protocols ensured rapid and excellent healing outcomes in all cases."

In determining the need for specialist mattresses, both clinical judgement and risk rating using the Waterlow Pressure Ulcer Risk Assessment tool. Each bed has a static pressure relieving mattress, which is suitable for a person of up to 100kg and a Waterlow risk rating of up to 25.

The home’s physiotherapist in 2014 Alison Blake MISCP has credited staff members by name with helping residents to regain the ability to walk through commitment to prescribed exercise regimes and using positive reinforcement. She wrote that staff members “had succeeded in rehabilitating residents that were immobile on admission to being mobile presently.”

**Standard 14: Medication Management (see also Standard 24)**

All medications are stored in accordance to relevant legislation. As part of a 2014 review of the Home’s monitoring systems, a monthly audit of medications, medication trolleys, fridge and storage was introduced.

The medication management policy, along with all other policies, was reviewed by external healthcare consultants in 2014. As with all our policies it is subject to ongoing review.
Standard 15: Medication Monitoring and Review (see also standard 24)

All nurses have attended medication management training in 2014. The General Practitioner reviews medication on a minimum of a four-monthly basis, or more frequently if an individual resident’s condition requires it. The new hospital transfer and return from hospital documentation takes into account medication reconciliation and nursing staff use these to record details and changes to medication. A number of monitoring systems were introduced in 2014, including pre & post administration of analgesia pain score monitoring; records of the number of residents who regularly take anxiolytics, night sedation and antipsychotic medication. The practice in relation to the taking of verbal orders for medication in emergency situations has been reviewed. There are now clear guidelines for how a verbal order should be taken. A facsimile machine was purchased in 2014 to facilitate the ordering of medications which require titration e.g. Warfarin.

Standard 16: End of Life Care

All residents are offered the opportunity to discuss their end of life wishes. Where a resident is willing to discuss this, their wishes and choices regarding end of life care are discussed and documented. Where possible the resident is facilitated to remain in the Home at the end of their life. Of the people that passed away in 2014, 92% were cared for in the Home.

The resident’s family and friends are facilitated to be with the resident when they are very ill and overnight stays can be facilitated. The end of life care policy was revised and updated in 2014.

It is important to remember that a nursing home stay can often be a short-term convalescence, until a resident regains sufficient health to return to their home. To date 38% of admissions to Áras Chois Fharraige have recovered sufficiently to return to their homes.
SECTION 4

QUALITY OF LIFE

Standard 17: Autonomy and Independence

The Irish Language

Standard 18: Routines and Expectations

Standard 19: Meals and Mealtimes

Standard 20: Social Contacts

Standard 21: Responding to Behaviour that is challenging

Restraint
Section 4
Quality of Life
Standard 17: Autonomy and Independence

Residents are encouraged to exercise autonomy, independence and choice in their life in the Áras. In feedback from residents and relatives the phrase “A Home from Home” comes up again, and again, and this has been chosen as the Home motto, as we feel it reflects the environment we aim to provide, as noted by a resident in Nursing Homes Ireland Excellence in Care magazine:

“After a fall at home and short stay in hospital I decided to move into our local nursing home in Spiddal, Galway. I lived alone and was becoming increasingly worried about being on my own. Being from the Gaeltacht, Irish is my native language and I knew that this would be facilitated in the nursing home

“From day one everybody has been so friendly and helpful and have made me feel very welcome. I can get up when I like, do whatever I like to do, eat what I like and go to bed when I like. We’re treated like royalty! Our opinion and input is valued. I feel very safe and well cared for and I know should I wish for anything I need only ask.”

Residents are encouraged to bring personal items of furniture and decoration to personalise their rooms. Existing hobbies and interests are
also facilitated by the Home. For example a resident who enjoys gardening has been given a meaningful role in choosing which flowers and shrubs are planted in the inner courtyard and landscaped gardens. A vegetable patch was also developed at his suggestion. The resident also updates others on the gardens at Residents’ Meetings, as seen below:

**April 2014:** Not giving up on the parsnips yet! Laszlo is due a very big congratulations – the potatoes are sown, the garden looks great, hen run has been extended! Mr. McGrath has co-operated also! Financially!! The heathers are gorgeous. The tulips are due any day. Thanks, again, to Laszlo.

**February 2014:** We had an awful amount of rain in October, November, December and January. All things considered, the heathers are fairly good. Laszlo and I have made arrangements to go get some plants next week. We plan to get wallflowers for their scent – 2 red and 1 yellow – sweetwilliams, daffodils, potatoes and spinach!

### The Irish Language

The home is located in the Irish speaking Conamara Gaeltacht, and there is an emphasis on meeting personal and social care needs through the medium of the Irish language and creating an environment with which residents are familiar and at ease. Seventy per cent of residents are native Irish speakers and 10% of our residents have very poor command of English. Bearing in mind the language needs of residents the Home established the “Gradam” award to assist native Irish speaking students from the local schools to train as nurses. Awards of up to €1,000 are given to successful applicants.

The home was the site of an international study on bilingualism among elderly people.

A professor of Speech and Language Pathology, working in conjunction with the Discipline of Speech and Language Therapy from NUIG spent six months visiting the Home in 2014. This Fulbright-funded research supports the importance of Irish-speaking elderly people...
receiving care in a bilingual environment, such as that at Áras Chois Fharraige. The professor was very complimentary about the home and its ethos.

A second separate piece of academic research was conducted in the Home in 2014/15 by a professor from the School of Political Science and Sociology, at NUI Galway which found the Home was a place “where not only are people happy to be, but where very high expressions of well-being can be found.”

**Standard 18: Routines and Expectations (see also Standard 21)**

Residents are given opportunities for participation in meaningful and purposeful activity, occupation or leisure activities, both inside and outside the nursing home.

There is a full-time activities co-ordinator. Organised activities take place every day, with an average of 20 hours of scheduled activities each week. There is a physio/exercise class on Monday; a knitting circle and An Siopa Beag on Tuesday; Ceol sessions and Páidreacha take place on Wednesday; Bingo takes place Thursday, as does a 25 card game with visitors from the local community; Friday is film evening; Saturday is Éistigí evening; Sunday is family day.

Three staff members have recently completed the Sonas Programme, which is a therapeutic communication activity for older people with dementia. Sonas sessions run every week. In addition to this two staff members are qualified in ‘Imagination Gym’.

At The Áras we recognise the benefits of pet therapy. The Home has a hen house with eight hens and a rooster, which is a source of considerable enjoyment to residents who enjoy collecting the eggs. The Home also has a pet cockatoo and a large fish tank with dozens of fish. Organised pet therapy sessions are also held on a regular basis. The Home has signed up with Irish Therapy Dogs and is waiting to be allocated a therapy dog and owner team for weekly visits. A much anticipated event in the summer is our Animal Day, during which residents have the opportunity to interact with a variety of pets including rabbits, an owl and even a miniature goat, under the supervision of staff and experienced animal handlers.
Each bedroom is fitted with a wall mounted flat-screen television. We have also installed a new high quality Triax industrial television box. This transmits 12 TV channels and 4 radio channels to all bedrooms. Remote controls are provided to give residents choice and independence in their viewing. At a Residents’ meeting some members expressed an interest in recording shows on TG4 that were aired late at night. In response to residents’ wishes a laptop was purchased by the provider in 2014 specifically for residents to watch Playback of these shows on the internet.

Management are constantly striving to improve resident experience. Poor eyesight can impact on elderly people’s ability to see traditional clocks. Time orientation is important to facilitate independence and a sense of time and place. Bearing this in mind a trial of clocks which display large print of the day, time, date and temperature was conducted in 10 bedrooms. As a result of positive feedback from residents these clocks will now be installed in all bedroom.

**Standard 19: Meals and Mealtimes**

All meals are cooked on-site by college trained chefs. Ingredients are all sourced locally and of the highest standard. All beef used is Irish beef. A Clinical Nurse Manager has been assigned to oversee nutrition in conjunction with the head chef. Residents are offered a diet which takes
account of their preferences. The nutrition policy was revised and updated at the end of 2014 to provide a training document giving greater guidance to staff.

A staff member is allocated to ensure residents have access to drinks throughout the day. In 2014 we engaged a speech and language therapist to reassess residents and an agreed system of identifying modified diets was introduced.

Residents & Relatives Survey 2015: Overall, how satisfied are you with the quality of the food, that it is appetising, and nutritious

Approximately 75% of respondents to the Residents’ and Relatives Survey said they were very satisfied that the food was appetising and nutritious. Three respondents reported that they were neither satisfied nor dissatisfied but a number of these commented that the question did not apply because the resident was on a modified consistency diet. Others used the comment box at the end of the survey to compliment the food. One respondent noted “[resident] was very difficult to feed while she was at home but due to the food in this home ... eats really good nutritious, tasty meals - I am so happy with this.”

The daily menu is displayed in the dining rooms, and a ‘picture card’ menu has also been developed for those residents with cognitive impairment, this ensures that all residents have the opportunity to choose what they eat.

Residents are facilitated in taking their meals where they wish. We were conscious that the noise from the metal catering trolleys could disturb residents. In order to eliminate the noise we purchased ‘Rubber-maid’ soundproof catering trolleys in 2014.

Apart from breakfast, lunch, dinner and supper food and beverages are available at any time on request, including at night time. Residents are encouraged to alert staff, using their call bell should they require anything, at any time.

Standard 20: Social Contacts

Visitors are actively encouraged, and there are no restrictions on visiting times. Áras staff are also always willing to facilitate visitors; recently 30 family members arrived to visit a resident and the home facilitated an impromptu party.

We are very fortunate to have approximately 14 volunteers from the local community who visit the Home on a weekly basis to assist with activities. All of these volunteers have relatives, friends or both, residing in the Áras. They all have either fluent or a good command of the Gaeilge.

We are also very fortunate to have students from Saint Benedict/Saint Johns University,
Minnesota, U.S.A. come to the Áras annually to participate in our activities calendar. In 2014 four students took part. They spent a college semester in Ireland and during this time they visited the Áras twice a week to assist with activities and to get a flavour of Irish culture and heritage.

The home is well integrated into the local community with regular visits and events from local groups. A group of local performers called An Stil Mar A Bhí visit the home three times a year for a celebration of all things Gaelic. In 2014 the Home hosted numerous concerts and events including a musical; a summer day trip; the summer barbeque; Halloween fancy dress and sing-along party; a performance by Hession School of Irish Dance; a performance by a local youth choir; a performance by a professional theatre company; pet therapy sessions; pottery sessions with a local potter; regular craft sessions with Bríd; numerous birthday parties and many more events.

In addition members of the local community are invited to attend events in the Home to help maintain links between residents and their local community. For example talks on issues of interest to local people are held in the upstairs function room. A recent talk on mental wellness in retirement by an external medical professional was advertised in the local parish newsletters and attended by members of the local active retired groups, as well as residents and their families. Similarly local people, including former residents, take part in activities in the home, such as the weekly card tournament and music sessions.

St Patrick’s Day is a major celebration in the home. Residents and staff from the Áras take part in the the Spiddal St Patrick’s Day Parade each year. In 2014 the Áras team of residents and staff won the funniest float at the parade. In previous years the home hired a stretch limosine so that residents could participate in the parade. By attending community events like this
residents are facilitated in maintaining links with their local community.

Links with the local community are also fostered through charity events. Our current chosen charity is Alzheimer’s West. Several members of the care team are taking part in an adventure race to raise several thousand euros for this good cause. The chosen charity for 2013 was Croíline Cois Fharráige. The Home sponsored and hosts the first defibrillator in the Cois Fharráige area for this charity.

**Standard 21: Responding to Behaviour that is challenging**

(see also standard 24)

The Managing Behaviours that Challenge policy has been revised in line with best practise and the updated version is currently being rolled out. We are reviewing care plan documentation to ensure it is updated in accordance with the revised policy. The Home recognise the difficulties involved in managing ‘behaviours that challenge’. All care staff have attended challenging behaviour training.

All care staff either strongly agreed (68%) or agreed (27%) that staff were trained in how to deal with challenging behaviour. One ancillary member of staff (5%) ticked does not apply/don’t know.

**Restraint**

We are committed to working towards a restraint free environment, and where measures are put in place for residents’ safety (for posture/ balance support) or at a resident’s request (enabler) we will carry out regular reviews and assessments. We have commenced a weekly restraint register.
SECTION 5

STAFFING

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Staffing levels audit

Standard 24: Training and Supervision

Mandatory training
Section 5 - Staffing

Standard 22: Recruitment

A new staff recruitment and induction programme was developed in 2014. Each staff member has an employment file, which is maintained by the PIC, and includes individual training records, curriculum vitae and references. The Home employs the services of a HR consultant to ensure best practise is followed in all HR matters.

There is a system of staff appraisal; all staff in post up to November 2014 had individual performance reviews carried out. This will continue on an annual basis.

Standard 23: Staffing Levels and Qualifications

The Person in Charge (PIC) works in a full-time supernumerary capacity. All healthcare staff report to the PIC, who oversees the clinical governance and management of the Home. Two Clinical Nurse Managers support the PIC to oversee the nursing team who are assisted by 26 health care assistants. The Provider supports the management team in developing their healthcare and leadership skills. Both CNMs hold the Higher Diploma in Gerontology from NUIG. One Nurse Managers is completing the FETAC level 6 leadership & management award, and has applied for the Master in Health Care Management.

Staffing levels are carefully monitored to ensure they meet resident’s needs. Following a staffing review in 2014, there was an increase in management hours and in direct and indirect care hours.

The Home benefits from a very stable workforce. The average length of service of staff who pass their probationary period is seven
years. The Home has never used agency staff. In the event of illness or unavoidable absence from work, shifts are covered by colleagues not on the rota for that day.

The majority of staff come from the Cois Fharraige area. Many have had neighbours and relatives who were resident in the Home.

**Staffing levels audit**

The Regulation and Quality Improvement Authority (2009) system was used to assess the staffing levels for the Home\(^1\). Taking account of dependency levels, the RQIA system recommends a minimum of 20 direct care hours per resident per week. Áras Chois Fharraige rosters 24½ hours of direct care per resident per week. This level of staffing exceeds RQIA minimum levels by 23%. In addition the home rosters 70 hours of clinical governance per per week by the Person in Charge or CNM.

RQIA recommends that 35% of healthcare hours are allocated to registered nurses with 65% allocated to Health Care Assistants. The Home allocates 64% of total hours to healthcare assistants with 36% allocated to registered nurses.

Ancillary staff are not included in the above figures these include: an activities coordinator; two chefs; a kitchen assistant; a maintenance manager; and a cleaner.

---

**Breakdown of staff allocation of 1,359 hours per week = 34 hours per resident per week**

In total, healthcare and ancillary hours per resident equal 34 hours per resident per week. In addition residents have access to external professionals such as the doctor, physiotherapist, speech and language therapist, hairdresser, and external people facilitating activities such as crafts, pottery, art, pet therapy whose hours are excluded from these figures.

---

\(^1\) The guidelines from the RQIA include both acuity-quality and ratio calculations. This tool is specifically designed for use in Nursing Homes and takes into account both nursing and care staff numbers. It has been reported in some HIQA inspection reports as being satisfactory and is also amongst the literature provided by the Older Persons’ Subgroup of the Irish Association of Directors of Nursing and Midwifery (IADNAM) and the Irish Nurses and Midwives Organisation (INMO) when providing guidance on staffing levels.
It is also important that staff are available at appropriate times. The HSE West Information Resource Pack for Nursing Homes (2004) recommends the following ratios:

<table>
<thead>
<tr>
<th>Time</th>
<th>HSE West recommendations</th>
<th>Áras Chois Fharraige actual staff ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>1 staff to 7 residents</td>
<td>1 staff to 4.5 residents</td>
</tr>
<tr>
<td>Afternoon and evening</td>
<td>1 staff to 8 residents</td>
<td>1 staff to 5.5 residents</td>
</tr>
<tr>
<td>Night</td>
<td>1 staff to 15 residents</td>
<td>1 staff to 13 residents</td>
</tr>
</tbody>
</table>

### Standard 24: Training and Supervision

Áras Chois Fharraige is fortunate to have highly trained health care assistants. Eighty-two per cent of our health care assistants have additional qualifications as well as the mandatory requirements; fifty per cent have achieved the FETAC level 5 course in Care for the Elderly or Pre-Nursing; a further 32% are training to become nurses and have completed between one and three years of nurse training at NUIG.

The Home’s nursing assessment includes clinical judgement, and the use of a number of well recognised risk assessment tools, which include MMSE – cognitive impairment assessment; GDS & Cornell- depression assessment; Waterlow-pressure ulcer risk rating and ABC behaviours monitoring, all of which can have an impact on dependency levels.
All of our health care assistants have completed all mandatory training in manual handling, fire safety and elder abuse. The Home also provides health care assistants with a range of other non-mandatory training.

**Mandatory training**

All staff have received training sessions in the three mandatory areas of training required:

- **Fire safety** - 100% have received training
- **Manual handling** - 100% of care staff have received training
- **Elder abuse** - 100% of staff have received training

**Employee survey 2015:**

To what extent do you agree/disagree that: Staff get the training they need in this nursing home

During 2014, we made a significant commitment to training with the following courses undertaken by staff:

- Moving & Handling; Elderly Abuse; Fire Safety; Falls Management; Medication Management; Medication HseLand; Challenging Behaviour; Restraint; Complaints Management; Documentation (Care Plan training); Infection Control & Appropriate Use of Cleaning Products;

Nutrition training

All staff have valid and in-date moving and handling certificates. We have a qualified in-house moving & handling trainer (FETAC level 6).

All staff attended fire safety training in 2014 provided by First Point Safety Training. A weekly fire drill is now conducted including evacuation procedures. A record of the drill is maintained, which includes response times and attendees.

Following our most recent fire safety inspection carried out by Galway County Council Fire Department the inspector in his report stated that “The nursing home is broadly in line with fire safety requirements with excellent fire safety procedures in place which I must commend you on.”
SECTION 6

THE CARE ENVIRONMENT

Standard 25: Physical Environment

Standard 26: Health and Safety

Falls Management

Supervision

Falls Tracking

Infection Control
Section 6 - The Care Environment

Standard 25: Physical Environment

The home is a modern facility which was architecturally designed to comply with the highest regulatory standards. It is a bright and spacious and all bedrooms benefit from views over Galway Bay, the stream, the courtyard and the local countryside. Niall J Kearns and Co architects note:

“The brief was to create a welcoming rather than institutional feeling for the residents. Local stone and coloured render blend with the native planting to the front and the landscape. The massing of the building allows light into the courtyard and views from bedrooms. The south facing dayrooms avail of the views of Galway Bay and of passive solar gain. A variety of secure outdoor spaces and days room ensure that the residents have choice and privacy.”

The provider ensured that every element of design and fit-out was carried out with the needs of residents in mind. This resident-centred design led to the home winning the nationwide Local Authorities Managers Association award for Best Private Nursing Home after being nominated by Galway County Council.

Accommodation is provided on two levels in 34 single (minimum 17.5 sq. metres) and 4 twin bed rooms (minimum 25 sq. metres), each bedroom inclusive of wheelchair friendly en-suite.

As can be seen bedrooms and communal space at Áras Chois Fharraige significantly exceed HIQA Standard 25 requirements.

In addition all bedrooms have wheel-chair accessible en-suites with assisted shower facilities.
All bedrooms benefit from the following features:

- User friendly automated door closers that only activate when the fire alarm goes off, making it easy for those with wheelchairs or walkers to get around the home
- Locking bedroom doors with your own door key (single rooms only)
- Under floor heating with individual room heating controls
- Automated Ventilation system with heat recovery creating a warm, odour and dust free environment - no need to open windows!!
- Flat screen TV with 11 TV and radio channels.
- Light control by bed, dimming facility, 4 x double sockets & Emergency call bell.
- Electrically operated 3 way profiling beds.
- Window openers fitted with retarders to restrict opening.

- Pressure relieving mattresses
- Wheel Chair friendly en-suites with grab rails, rubberised flooring to avoid slips.
- Anti Microbial and MRSA resistant floor finishes, curtains and bedding.
- Telephone point in all bedrooms
- Internet access
- Radon Barrier
- Filtered drinking water with UV treatment capable of dealing with cryptosporidium.
- Generator to minimise the inconvenience of an electricity outage

Áras Chois Fharraige Nursing Home provides a physical environment that facilities and promotes privacy, dignity, choice and independence within a safe environment.
As noted in the Residents’ Guide:

“You can make your room more homely by bringing in some of your own belongings. If you would like to put up shelving, hang pictures or rearrange the room to your liking we will assist you in any way we can. There is a full time maintenance person on hand, who is more than happy to take instruction from you. If you don’t like the colour of the paintwork we will redecorate and change it for you. This is your space, your room, your home and we want you to be happy here. To this end, we will do, within reason, whatever it takes to help you put your own personal stamp on the room and create your very own home from home.”

There is a large lift between the floors fitted with an alarm, handrails, mirror and Braille signage. There are 8 communal areas spread around the home. Two sitting rooms, the sun lounge, the boardroom and the two dining areas have south-facing sea views. Another sitting area and a smoking room open onto the internal courtyard. The number of communal areas allow for various activities to take place simultaneously and groups to congregate. For example, a family group can have the private use of the Boardroom to celebrate a resident’s birthday or those who enjoy bingo or cards can meet in another.

The temperatures within the Home are maintained at a minimum temperature of 18 °C (65°F) in bedroom areas and 21°C (70°F) in day areas and in bedrooms, using under floor heating. In addition, hot water is stored at a temperature of at least 60°C and distributed at 50°C minimum, to prevent risks from legionella.

There is a large water storage tank in the attic capable of providing 20,000 litres of water sufficient for two days in the event of a mains disruption.
An emergency call bell system is in place with an accessible alarm in every bedroom, ensuite and communal area. The system allows for pendants, chair and mat alarms for those residents assessed in need of them. The system also allows for printed record to monitor response times.

A safe outdoor enclosed space is provided in the courtyard with seating, and is accessible to all residents, including residents with mobility impairments and those using wheelchairs. The landscaped grounds are kept safe, tidy and attractive by our Maintenance Manager.

There is a separate cleaning room with a sluice sink, wash hand basin, and lockable safe storage for cleaning chemicals. Hand wash stations are located on all corridors.

The Home has sluicing facilities, which are easily accessible from all areas of the building. It is ventilated to the external air. It contains, a sluice sink sufficiently large to avoid spillage, directly connected to the foul drainage system, a bedpan washer, hand-washing facilities and a suitably sized sink. There is also a laundry that adequately caters for the size of the Home.

**Standard 26: Health and Safety**

A comprehensive Health & Safety audit, measuring 71 criteria, is conducted each year by Peninsula, Ireland’s leading provider of Health & Safety services. The overall outcome was found to be satisfactory (the highest possible rating) with a compliance rate of 96% (n=68).

100% compliance was achieved within six weeks by carrying out three further actions: additional documentation was requested from contractors; material safety sheets were updated; and, findings from risk assessments were shared with all staff.

The Home has a Health & Safety Committee, comprising the PIC and two staff members who have completed Health & Safety in the
workplace training. This committee review all matters in relation to Health & Safety.

The Risk Register was reviewed and updated in 2014. Risk is assessed using a well-recognised risk matrix, which is based on likelihood and consequence. Regular health & safety audits are undertaken, and there are a number of ongoing monitoring programmes and preventative maintenance measures in place.

The emergency call bell system was completely replaced, upgraded and extended in 2014 to include all ensuites and communal area. Each staff member carries pager which alerts them when someone presses the bell. There are two buttons on the system: one alerts care staff for non-priority calls e.g. if a resident wants a drink, or needs other non-urgent assistance. The other button alerts staff for emergency and priority needs. In order to determine response times we carry out regular checks by monitoring the event logs. The computerised system records the time that the bell is activated and the time when the call bell is cancelled by the attending staff member. An audit in April 2014 revealed that the average time to answer a non-priority call was 2 minutes 25 seconds. Time to answer non-priority calls was identified as a key performance indicator in which to achieve improvement. By April 2015 the Care Team had reduced the average time taken to answer a non-priority call to 1 minute 8 seconds.

As a means of reducing Health & Safety risks for residents, an access control system was fitted to stairwells and staff corridor, laundry and cleaning room. These areas can now only be accessed by staff.

Walkie-talkies are now used for better communication between staff within the facility. A mobile phone is also now included in the evacuation box in case of a telecommunications outage. The phone is checked and charged each week to ensure readiness. A portable gas monitor for all dangerous gases is now used to supplement the installed gas monitors within the facility.

Falls Management

The falls rate is an important measure of the quality of care in a nursing home. Every fall has the potential to have significant negative
outcomes for the faller. For this reason the rate of falls per bed per year has been selected as a Key Performance Indicator by the Áras Chois Fharraige management team.

A total of 32 falls were recorded in 2014. Information in relation to falls is recorded at the time of the event and an audit is carried out bi-annually. This allows for a period in a year when results can be analysed and where necessary improvements, changes etc. implemented; which can then be evaluated at the end of the next audit period.

The HSE notes: “Around 30% of adults who are over 65 and who are living in the community will experience at least one fall a year. This figure rises to 50% for those who are living in nursing homes or residential care.”

Of the 66 residents who stayed at Áras Chois Fharraige between January 1 and December 31, 2014, 21% experienced a fall (average stay 231 days). For those resident for the full 365 days during this period (n=33), 30% experienced a fall (n=10). Healey et al (2008) state "around 50% of care home residents fall at least once a year". There were 14 residents who experienced a fall from a total of 66 giving a falls rate of 21%, well below the research.

Therefore the likelihood of a resident of Áras Chois Fharraige experiencing a fall during 2014 was in the region of half of the rate for nursing homes in general, as stated in HSE and academic literature.

A second way to measure falls rates is the incidence of falls per bed per year. Rubenstein et al (1994) report that the average incidence of falls in nursing homes is 1.5 falls per bed per year. The rate of falls per bed per year for Áras Chois Fharraige, taking the total bed number as 42, is approximately 0.76 falls per bed in 2014. If we adjust the figure to take account of an average occupancy level of 40 beds the home has a falls rate of 0.80 of falls per bed per year. Therefore the falls rate per bed at Áras Chois Fharraige is approximately half the average rate per bed as used by Rubenstein.
These figures are encouraging and suggest that the measures taken by management and staff to reduce the likelihood of a fall are achieving some success. However it is the intention of the home to drive further improvement in this area. By using bed and chair mat alarms we hope to reduce the rate further and we are currently exploring the possibility of retrofitting automated lighting in residents’ en-suites, which could help to further increase resident safety.

In order to ensure accurate quality measurement and drive further improvement audits of resident falls are conducted twice per year. By tracking performance we can monitor and improve our response to falls and identify areas where further benefits can be achieved. A Clinical Nurse Manager has been given overall responsibility for carrying out a falls audit for each six month period. This information will be used by the management team to drive further improvement in this area.

**Employee survey 2015:**

**To what extent do you agree/disagree that: This nursing home does a good job of minimising the risk of falls**

Ninety per cent of staff “strongly agree” that Áras Chois Fharráige “does a good job of minimising the risk of falls,” with the remaining 10% of staff agreeing with the statement. The home has been comprehensively risk assessed to ensure that all communal areas are kept free of any unnecessary items that could impede safe movement of residents. Handrails are available on all corridors. Corridors lights are maintained on at all times, even during the day. Stairwells are fitted with automated lighting and access is restricted to staff only by use of a magnetic fob system. For residents, travel between the ground and first floor is by a lift only. Non-slip Marmoleum flooring was specially selected for all floors as it provides a non-textured with good friction in order to aid grip. Similarly all efforts are made to ensure that the risk of injury is minimised in the unfortunate event of a fall. Floor surface in the en-suites is rubberised so in the unfortunate event of a fall the risk of injury is minimised. Care has also been taken in the
selection of furniture and other items to create the safest possible environment. For example round tables or tables with rounded corners have been selected for all communal areas as sharp corner edges can present a danger in the event of a fall.

**Supervision**

Staff supervision is an important way to minimise the risk of falls. Supervision of residents using specialised chairs has been increased. At least one member of the Care Team is to be in the communal room with residents using specialised chairs, to provide direct supervision at all times. Relatives have been informed that on concluding a visit with a resident who uses a specialised chair in their bedroom they must press the call button to summon a member of staff before leaving the room so that the resident is not left unattended.

**Falls Tracking**

Management at Áras Chois Fharraige have taken a number of steps to minimise the risk of falls. On entry to the home all residents are assessed for falls risk using the Cannard Risk Assessment tool and given a risk level of: Low, Medium or High. This information is then used to inform Care Team interactions and supervision. Of residents who entered the home between January 1 and December 31 2014, 30 were rated as high risk; 24 medium risk; and 12 low risk.

Thirty-three per cent (n=10) of those assessed as high risk experienced a fall. 12.5% of those assessed as at medium risk experienced a fall and 8% of those at low risk experienced a fall.

A risk factor assessment was carried out for each fall. 84% (n=27) of falls were found to be the result of balance/mobility problems; 12.5% (n=4) were found to be the result of other Medical and Psychological factors; with 3% (n=1) the result of Sensory or Neuromotor factors. No fall occurred as a result of environmental factors, indicating that the measure taken to provide safe surroundings for those at risk of falls have had
some success. Nearly two-thirds (62%) of falls occurred in residents’ bedrooms or in their en-suite bathrooms. Nearly one-third occurred in communal areas; with one fall occurring outside. Falls are spread evenly throughout the day. No resident has fallen from bed.

The overall number of falls per bed per year in 2014 of 0.08 represents a significant reduction on the falls rate of 2013 of 0.09 falls per bed per year. Furthermore comparison of the two periods measured within 2014 indicate that fall levels are continuing to decrease. The January to June audit revealed one resident fall per 455 resident days. The July to December audit revealed an improvement with one resident fall per 471 resident days. This represents a reduction of approximately 4% in falls per resident bed days between the first audit and the second audit. Both residents identified at most risk of falling in the first audit (falls = 3) experienced reductions in falls in the second audit. One went from three falls down to zero falls (reduction = 100%). The other went from three falls to two falls (reduction = 33%).

In 2014 we reviewed our system, to ensure that every resident has access to a call bell and can use this. An assessment of a resident’s ability to use the call bell forms part of the care-plan assessment, following this and a discussion with residents and or family members we determine the best course of action to take with regards to which system best suits each resident. Some residents (n=17) cannot reach or access the wall mounted panel, they have a call bell which sits on their bedside table, giving them easy access.

Infection Control

The infection control policy was reviewed in late 2014. A full time cleaner works in the Home. A new bedpan washer was fitted in the sluice room. Gloves and apron stations have been fitted throughout the nursing home. The systems for identifying cleaning equipment were reviewed, and a colour coded system was introduced (mop heads; cleaning cloths and laundry trolleys).

Residents & Relatives Survey 2015:

Overall, how satisfied are you that residents’ clothing is clean and well looked after

90% of respondents to the Residents and Relatives’ Survey were very satisfied that the facility is clean and well maintained, with 10% satisfied. Similarly 80% of respondents said they were very satisfied that residents clothing is clean and well looked after, with 20% satisfied.

The Home won an Excellence in Hygiene award at the Irish Accommodation Services Institute (IASI) Awards in recognition of the Home’s hygiene and cleanliness. This was achieved after a comprehensive audit by the IASI inspector. The audit was conducted by the
Department Head for Accommodation and Catering, at the Galway Clinic. The Home plans to include performance on this inspection as a key performance indicator going forward, to ensure levels of hygiene are improved and maintained.

Residents & Relatives Survey 2015:
Overall, how satisfied are you that the facility is clean and well maintained

Infection rates are another important quality indicator for nursing homes. In 2013 there were a total of 293 “Notifications of an outbreak of an infectious disease” to HIQA from Irish nursing homes.

In all over one-third (35%) of nursing homes in Ireland had an outbreak of an infectious disease in 2013, with nearly half of these having two or more outbreaks of infectious disease. The statistics for 2014 were not available at the time this report was compiled but it is reasonable to assume that they are similar. Through adhering to strict infection protocols Áras Chois Fharraige has ensured there has not been an outbreak of an infectious disease since the home opened six years ago.

In 2014 Spiddal Medical Centre praised Áras Chois Fharraige care staff for the Home’s low infection rates. “We have always been impressed with the extremely low infection rates particularly in times of disease outbreak in the community,” Dr O’Beirne wrote.
SECTION 7

GOVERNANCE & MANAGEMENT

Standard 27: Operational Management
Standard 28: Purpose and Function
Standard 29: Management Systems
Áras Chois Fharraige Employee Organisational Chart
Standard 30: Quality Assurance and Continuous Improvement
Standard 31: Financial Procedures
Standard 32: Register and Residents’ Records
Section 7
Governance and Management

Standard 27:
Operational Management

A new Person in Charge (PIC) was appointed in November 2014. A Director of Nursing with 20 years experience has been employed on a full-time basis to help provide robust governance and clinical oversight.

Standard 28:
Purpose and Function

Our Statement of Purpose was comprehensively reviewed in 2014 to comply with the newly introduced 2013 Care & Welfare Guidelines that came into effect from the 1st July 2014. The document is available in the Home, in hard copy and is also available on the Home’s website: www.thearas.com

Standard 29:
Management Systems

Management has been reviewed in order to ensure clear lines of responsibility and accountability. A daily allocation sheet has been introduced clearly setting out roles, responsibilities and accountability. There is further commitment to staff education and training.

During 2014 all policies as identified in the Health Act (2007) as amended and the Standards Appendix B were reviewed, updated and ratified. There is a robust emergency policy, which includes guidelines to direct staff in the event of a need to evacuate the nursing home.

A daily allocation sheet is now in place setting out supervision and responsibilities of the various staff throughout the facility.


**Standard 30: Quality Assurance and Continuous Improvement**

For the purpose of quality assurance and continuous improvement we have committed to commencing a system of regular monitoring of the following:

- Use of antibiotic therapy
- Residents who have indwelling catheters (including a weekly check of the patency; output)
- Pain monitoring
- Pressure ulcers
- Physical restraint
- Use of psychotropic medication
- Falls
- Dependency Levels

**Standard 31: Financial Procedures**

The Home is adequately insured against loss or damage to the assets and delivery of service at the Home and out-sourced service providers or third parties visiting. The Home is insured by the
largest provider of nursing home insurance in the state. After reviewing the Home’s risk profile in 2014 they noted: “The client places huge emphasis on Risk Management and Health and Safety with an appointed in house Health and Safety representative and also an external independent consultant to ensure that the home operates to the highest of standards.”

**Standard 32:**

**Register and Residents’ Records**

All residents’ records are secure, up-to-date, in good order and are constructed, maintained and used in accordance with the Data Protection Act 1988 and 2003, the Freedom of Information Act (1997/2003) and national guidelines. These are accessible to the resident and available for monitoring purposes. In addition, there is a detailed and up-to-date residents’ register maintained at the Home, which documents the requirements set out in the HIQA Standards.
APPENDIX i

RESIDENTS’ AND RELATIVES’ COMMENTS
Appendix i

Residents’ and Relatives’ Comments

Since October 2014 residents and relatives have been able to note their comments in a comments book kept at reception. Below are all entries made to the comments book in 2014.

"welcoming and friendly"
I called in to visit my aunt. Haven’t been before and I found the home to be welcoming and friendly.

“A true home from home - my mother’s own words.”
Living so far away from my mother, I have great peace of mind knowing she is treated with such compassion, respect and kindness. ‘A true home from home’ - my mother's own words. Thanking you all. - E

"I have recommended here to friends"
"I've been visiting my aunt once or twice a week ever since March 2013 and she has been consistently content, well cared for and the staff have always been lovely to E and me. I have recommended here to friends on the basis of E's obvious happiness, the dignity with which she is treated and the always impeccable surroundings in which she lives." - I

"very happy and content as always"
"I enjoyed my visit with my father today - J. He is very happy and content here as always." - M

"We viewed numerous nursing homes but NONE COULD COMPARE"
"My family and I wish to convey our appreciation… The staff are aware of individual needs and are so kind and thoughtful in their conversation and engagement with B. Needless to say I include Katie in all the above. Hygiene and patient cleanliness is of paramount importance."
This is certainly reflected in both the premises and residents alike. Both are always spotless. Bs nutrition and medical needs are well catered for. The care plans ensure that activities are various ensuring the residents are kept occupied on a daily basis. The social activities i.e. physio, knitting, music, bingo, cards etc. benefit all. We obviously viewed numerous nursing homes prior to B’s entry but NONE COULD COMPARE. Again many thanks.” -J

“Seriously what a lovely nursing home”
We came on a return visit to thank everyone for D’s visit here when he was looked after so well. He got a great welcome. All true! Seriously what a lovely nursing home. With superb staff. Thank you very much for your generosity and the care from all the members of staff. God bless.” - D

“Míle buíchas, Áras chois fharraige!”
Very happy with the care and attention my mother receives. She is happy. And well cared for and it is a huge comfort to her family. Míle buíchas, Áras chois fharraige! - G

Very happy and content
My uncle P is a patient here in Áras Chois Fharraige for the past 3 and a half years. During this period I found that he is very happy and content in the manner he is treated by the staff. I can honestly say that he is cared for very well and I haven’t heard him complain in any way about conditions in the home or unhappy with any of the staff members. Pat Folan and her staff have to be congratulated on their attention to his needs. My wife and I take comfort from the fact that he is well cared for. Long may it continue. P... in his own words would not like to be anywhere else. God bless you all. -T

“Lovely comfortable home and great staff”
Visiting B here for two years now Lovely comfortable home and great staff. B is always happy and content. - H

“Very happy and well looked after”
I had an enjoyable visit with my Dad J. He is very happy and well looked after. Thank you all - M

“A wonderful Christmas”
Thank you all so very much for offering mum a wonderful Christmas. We all hope you have a peaceful fun-filled Christmas. With fondest wishes. - All the H family
APPENDIX ii

2014 RESIDENTS AND RELATIVES SURVEY RESULTS
Q1 Overall, how satisfied are you with this nursing home?
Answered: 28  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
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<tbody>
<tr>
<td>very dissatisfied</td>
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<td>0.00%</td>
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<td>82.14%</td>
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Total 28

Q2 Overall, how satisfied are you that all the residents' needs are met?
Answered: 28  Skipped: 0

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</tr>
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<tr>
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<td>satisfied</td>
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<td>very satisfied</td>
<td>85.71%</td>
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Total 28
### Q3 That the facility is clean and well maintained?

Answered: 28  Skipped: 0

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<th>Answer Choices</th>
<th>Responses</th>
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<tbody>
<tr>
<td>very dissatisfied</td>
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</tr>
<tr>
<td>not satisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>neutral</td>
<td>0.00%</td>
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<td>satisfied</td>
<td>10.71%</td>
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<td>89.29%</td>
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<td><strong>Total</strong></td>
<td>28</td>
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### Q4 That residents clothing is clean and well looked after

Answered: 28  Skipped: 0

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<thead>
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<th>Answer Choices</th>
<th>Responses</th>
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<tbody>
<tr>
<td>very dissatisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>not satisfied</td>
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<tr>
<td>neutral</td>
<td>0.00%</td>
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<td>satisfied</td>
<td>21.43%</td>
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<tr>
<td>very satisfied</td>
<td>78.57%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28</td>
</tr>
</tbody>
</table>
Q5 That residents are safely cared for
Answered: 28  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>very dissatisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>not satisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>neutral</td>
<td>0.00%</td>
</tr>
<tr>
<td>satisfied</td>
<td>14.29%</td>
</tr>
<tr>
<td>very satisfied</td>
<td>85.71%</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>

Q6 That residents’ dignity and privacy is respected
Answered: 28  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>very dissatisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>not satisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>neutral</td>
<td>0.00%</td>
</tr>
<tr>
<td>satisfied</td>
<td>14.29%</td>
</tr>
<tr>
<td>very satisfied</td>
<td>85.71%</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>
Q7 That staff are professional and polite
Answered: 28  Skipped: 0

Answer Choices

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>very dissatisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>not satisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>neutral</td>
<td>0.00%</td>
</tr>
<tr>
<td>satisfied</td>
<td>25.00%</td>
</tr>
<tr>
<td>very satisfied</td>
<td>75.00%</td>
</tr>
</tbody>
</table>

Total 28

Q8 With the variety of activities offered
Answered: 26  Skipped: 2

Answer Choices

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>very dissatisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>not satisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>neutral</td>
<td>0.00%</td>
</tr>
<tr>
<td>satisfied</td>
<td>15.38%</td>
</tr>
<tr>
<td>very satisfied</td>
<td>84.62%</td>
</tr>
</tbody>
</table>

Total 26
Q9 With the quality of the food, that it is appetizing, and nutritious?
Answered: 27  Skipped: 1

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>very satisfied</td>
<td>74.07%</td>
</tr>
<tr>
<td>satisfied</td>
<td>14.81%</td>
</tr>
<tr>
<td>neutral</td>
<td>11.11%</td>
</tr>
<tr>
<td>not satisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>very dissatisfied</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Total 27

Q10 That you could talk to staff and management about any concerns
Answered: 28  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>very satisfied</td>
<td>89.29%</td>
</tr>
<tr>
<td>satisfied</td>
<td>10.71%</td>
</tr>
<tr>
<td>neutral</td>
<td>0.00%</td>
</tr>
<tr>
<td>not satisfied</td>
<td>0.00%</td>
</tr>
<tr>
<td>very dissatisfied</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Total 28
### Q1 Residents are well cared for in this nursing home

- **Strongly disagree**: 0.00% (0 responses)
- **Disagree**: 0.00% (0 responses)
- **Neither agree, nor disagree**: 0.00% (0 responses)
- **Agree**: 10.53% (2 responses)
- **Strongly agree**: 89.47% (17 responses)
- **Don't know/does not apply**: 0.00% (0 responses)

**Total**: 19 responses

### Q2 This nursing home is clean and well maintained.

- **Strongly disagree**: 0.00% (0 responses)
- **Disagree**: 0.00% (0 responses)
- **Neither agree, nor disagree**: 0.00% (0 responses)
- **Agree**: 15.79% (3 responses)
- **Strongly agree**: 84.21% (16 responses)
- **Don't know/does not apply**: 0.00% (0 responses)

**Total**: 19 responses
Q3 Staff at this nursing home respect residents’ privacy and dignity

Answered: 19  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Agree</td>
<td>15.79% 3</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>78.95% 15</td>
</tr>
<tr>
<td>Don’t know/does not apply</td>
<td>5.26% 1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>

Q4 The language and culture of Irish-speaking residents are catered for in this nursing home

Answered: 19  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Agree</td>
<td>26.32% 5</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>73.68% 14</td>
</tr>
<tr>
<td>Don’t know/does not apply</td>
<td>0.00% 0</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>
Q5 Residents in this nursing home are provided with a variety of activities and events

Answered: 19  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>26.32%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>73.68%</td>
</tr>
<tr>
<td>Don't know/does not apply</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Q6 This nursing home is welcoming to visitors and relatives

Answered: 19  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>100.00%</td>
</tr>
<tr>
<td>Don't know/does not apply</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
Q11 Residents’ nutritional needs are well met in this nursing home

Answer Choices

- Strongly disagree: 0.00% | 0
- Disagree: 0.00% | 0
- Neither agree, nor disagree: 0.00% | 0
- Agree: 10.53% | 2
- Strongly agree: 89.47% | 17
- Don't know/does not apply: 0.00% | 0

Total: 19

Q12 Staff in this nursing home ensure residents are clean and well-groomed

Answer Choices

- Strongly disagree: 0.00% | 0
- Disagree: 0.00% | 0
- Neither agree, nor disagree: 0.00% | 0
- Agree: 10.53% | 2
- Strongly agree: 89.47% | 17
- Don't know/does not apply: 0.00% | 0

Total: 19
**Q14 I would recommend this nursing home to a friend.**

Answered: 19  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>100.00%</td>
</tr>
<tr>
<td>Don't know/does not apply</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Q16 Management in this nursing home are available to talk to residents about their care

Answered: 19  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>21.05%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>78.95%</td>
</tr>
<tr>
<td>Don’t know/does not apply</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
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</tbody>
</table>
Q18 Infection control is well managed in this care home

Answered: 19  Skipped: 0

### Answer Choices

<table>
<thead>
<tr>
<th>Choice</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>15.79%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>84.21%</td>
</tr>
<tr>
<td>Don't know/does not apply</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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</tbody>
</table>
Q20 This nursing home provides an excellent level of care to residents

Answered: 19  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Neither agree, nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>5.26%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>94.74%</td>
</tr>
<tr>
<td>Don't know/does not apply</td>
<td>0.00%</td>
</tr>
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</table>

Total 19
COME STAY WITH US A WHILE

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