Áras Chois Fharraige

2015 Annual Review

Ar nós do bhaile féin
In this annual review the systems in Áras Chois Fharraige Nursing Home are 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.

We have also made an effort to include direct input from our residents in this review, as listening to what residents want and how they feel their needs are being met, helps us to improve the service we provide to them.
A basic principle of quality measurement is: If you can’t measure it, you can’t improve it. Therefore a number of Key Performance Indicators are used to track the quality of care at Áras Chois Frarraige.

Tracking performance shows us whether care is improving, staying the same, or worsening. This helps us to identify 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 Frarraige is less than one-third of the average rate for nursing homes in Ireland (page 41)
- Incidence of pressure sores: no resident has ever developed a pressure ulcer in Áras Chois Frarraige. Spiddal Medical Centre describes this as “a truly impressive nursing feat” (page 23)
- Client satisfaction: client satisfaction is “among the best in the sector globally,” according to external consultants. (page 13)
- Staffing: staffing levels are 25% above RQIA requirements (page 34)
- Service: the time taken to answer a non-urgent call bell averages 63 seconds (page 40)
- Infection control: There has never been an outbreak of an infectious disease in Áras Chois Frarraige (page 43). The Home was awarded the IASI Gold Award for Hygiene and Cleanliness 2015.

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
Section 1: Rights

Standard 1: Information
Standard 2: Consultation and Participation
Standard 3: Consent
Standard 4: Privacy and Dignity
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 provide extensive information on the Home, facilities and service. The Statement of Purpose and Residents’ Guide were updated in 2015. Prospective residents are given copies of the Residents’ Guide, Statement of Purpose and most recent Annual Review of Care prior to admission. Copies of these documents are also available in wall mounted displays in residents’ bedrooms and throughout the Home. At the pre-admission stage residents are invited to visit the Home for orientation, to look around; meet other residents and staff; and to pose any question they may have.

The Home’s newsletter gives information on events and activities. The website www.thearas.com has copies of relevant documents. Videos providing information on life in the Home and activities can also be viewed on the website. Further up-to-date information on activities and events is available on the Home’s facebook page: Cairde an Áras. The monthly activities schedule is printed out and displayed throughout the Home.

We are conscious of the dignity and privacy of residents. Imagery and information used online and in print is carefully considered to maintain dignity and privacy and only used with signed consent.

Standard 2: Consultation and Participation
Resident & Relative Surveys are carried out annually for the purposes of quality assurance. One survey was distributed to each resident or a family member in January 2016. Respondents
were asked to rate their satisfaction level on 10 questions, dealing with different elements of the care provided at the Home. In all 34 completed surveys were returned, representing a completion rate of 85%.

In all the 34 respondents answered a total of 337 questions. Responses were overwhelmingly positive, which is in line with the Resident & Relatives Survey carried out in January 2015. The breakdown of overall responses is indicated below.

Overall breakdown of responses to Resident & Relatives’ Survey 2015

![Pie chart showing 91% Very Satisfied, 9% Satisfied, Neutral, Dissatisfied]

As can be seen the majority of questions were answered with “very satisfied” or “satisfied”. One question out of the 337 answered indicated the neutral response (0.3%). No response received indicated the “dissatisfied” or “very dissatisfied” response with any element of service provision.

In response to the question: “How satisfied are you with this nursing home?” Ninety-one per cent of respondents stated they were “very satisfied” and nine per cent of respondents stated they were “satisfied”. No respondents indicated the dissatisfied, very dissatisfied or neutral response. The full survey results are available on page 48 of this Annual Review.

Comments from Resident & Relatives’ Survey January 2015:

“My experience has been and continues to be a very positive one. The care given by the staff is second to none.”

“I am very happy with all aspects of my Dad’s care. I find the staff excellent in every way.”

“Tá muid thar a bheith sásta le Áras Chois Fhurraige, tá an ait fior ghlain, tá an fhoireann thar a bheith cairdiúil. Mile buiochas dhaobh ar fad as an aire iontach a thugann sibh do B_____”

“Happy with everything. Very pleased. Couldn’t be happier.”

“I always enjoy coming to the Áras as the staff are so welcoming. My father is very happy here and as a family we are very happy also. Keep up the great work.”

“Overall my experience of the Home is that it provides an excellent, all round care, which includes the fact that the staff are wonderful. They put great effort into providing activities and are always willing to go the extra mile to ensure my mother’s needs are as fully catered for as is possible.”

“In the few months that P_____ has been a resident I myself have noticed a vast improvement in him, as he always seems happy and content in himself which is down to the work and environment he is living in.”


**Employee survey**

An employee survey is carried out each year. The most recent survey was conducted in January 2016. The survey asked staff to rate the Home on 20 areas of service provision. All 45 members of staff were either emailed the employee survey or given the opportunity to complete it via a web-link. Responses were collected anonymously. In all 31 responses were received.

All respondents indicated that they either strongly agreed (94%) or agreed (6%) with the statement “Residents are well cared for in this nursing home.”

The full employee survey is available on the Áras website at www.thearas.com

**Standard 3: Consent**

_It’s a happy place with content residents, very mannerly and helpful staff and I find that the relatives are very positive about their loved ones care in this home. When you enter the Áras, you feel the welcoming atmosphere created by a caring staff and happy residents._

— Independent Chairman of the Residents’ Committee

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 and pharmacist. A recent audit of the nursing care plan (where the consent form is maintained), found a 100% compliance rate in this area.

Residents and relatives are given a voice through the Resident and Relatives’ Committee, which holds meetings every two months and an Annual General Meeting each December. The Committee is open to all residents and their representatives. Suggestions made by the group are listened to. For example a laptop was recently purchased for residents due to a request from the Residents’ Committee and a new audio system was installed in the upstairs sitting room due to suggestions made by the Committee.

The Chairman of the Residents’ Committee is an independent advocate on behalf of residents. He is a well-known and respected independent person, who is also a local Peace Commissioner. Residents meetings are recorded and a copy of the minutes are made available to all residents and family.

_“We hold residents meetings every 2 months which allows residents and their relatives to express their views and opinions on matters within the home, make proposals and to distribute relevant information from nursing home management. The owner and_
management are totally open to all queries, suggestions and information on all issues of care. These meetings last for approximately one hour. They are well advertised in advance and residents and relatives are invited to attend. Meetings are minuted and recorded and the agenda is very full with a variety of issues on each agenda.”

– Independent Chairman of the Residents’ Committee

Standard 4: Privacy and Dignity

“The atmosphere was warm and friendly. All communication observed between staff and residents was respectful and natural... The staff team is to be commended for this example of best practice.”

– Sonas APC, Activities Audit, July 2015

There are 34 single and 4 twin bedrooms. All bedrooms are en-suite. All twin rooms are fitted with either wall mounted rigid partitioning or privacy curtains or both. Residents are also provided with a key to their room on request.

Respondents to the Residents and Relatives Survey stated that they were either very satisfied (97%) or satisfied (3%) that residents dignity and privacy are respected.

A staff member oversees the laundry service and manages all residents’ laundry.

Standard 5: Civil, Political and Religious Rights

A general practitioner visits the Home each week and provides a call out service as required. Each resident has choice of general practitioner and pharmacist. 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 for residents is facilitated in the Home during elections. In the past year voting took place for the May 2015 referendum and the 2016 General Election.

Standard 6: Complaints

“Áras Choís Fharráige is consistently achieving a satisfaction rating of 98%. This is at the very highest level within the sector and is only matched by one other residential nursing home globally using HappyOrNot.”

- Richard Doyle, Director at satisfaction rating company TellMeNow

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. All care staff have received training in how to facilitate a person who wishes to make a
How satisfied are you that you could talk to staff/managers if you had a concern

![Graph showing satisfaction levels]

complaint. All respondents to the Residents and Relatives’ Survey said they were either very satisfied (94%) or satisfied (6%) that they could talk to managers and staff about any concerns.

The Home uses HappyOrNot, a computerised client satisfaction tool, to offer service users a quick, easy and anonymous way to provide feedback on their satisfaction with the Home. The Home’s satisfaction ratings are among the best in the nursing home sector globally according to HappyOrNot.

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.

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 recognises that residents and their relatives have the right to complain, to be listened to and through our actions reach a satisfactory outcome. The policy was reviewed in 2015 to reflect changes to legislation.

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 prominently in reception.

During 2015 complaints were made in relation to one out of 63 residents, or a complaints rate of approximately 2%. One person made 6 complaints or 100% of all complaints made. Three complaints were received in February, one in March, one in May and one in June. Five of the complaints were made verbally and one was in written format.

An audit of service-user complaints received in 2014/15 reveals a total of 18 complaints in this period. 100% of complaints were made between July 2014 and June 2015. One person made 17 complaints (94%), and one person made one complaint (6%). 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 complainant’s concerns. No complaint has been received since June 2015.

**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 2015. All new members of staff and existing staff members whose training had expired received up-to-date training on elder abuse recognition and response in 2015.

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 and 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

"The clinical care observed over the course of the review was of a very high standard."

– Joe Wolfe, partner The Wolfe Group

An independent review of clinical standards at Áras Chois Fharraghe was conducted in August 2015 by Joe Wolfe, partner at The Wolfe Group. Joe Wolfe is Ireland’s most experienced consultant in the area of healthcare service evaluation. His findings are noted below:

- Routines were individualised, personal and non-institutionalised.
- Staff spoken to over the course of the review were very knowledgeable about residents and about their needs; and were observed to be very attentive to these,
- Staff were observed to treat residents in an extremely kind, person-centred manner; and at all times with dignity and respect.
- Care was observed to be provided in a manner that was not rushed and rather was at the pace of residents’ needs.

- There was considerable evidence of people being treated as individuals, with considerable choice being promoted with regard to meal-times, meals and activities, for example.
- There was considerable evidence of supervision of care staff by Nursing Staff and by Management staff. This was evidenced through observation and documentation.
- None of the residents have pressure sores at present and this is indicative of good clinical care.
- The falls rate in the Home is very low and this is indicative of good clinical care.
• A family member spoken to praised the quality of care provided in the Home. His family member had recently moved from another facility and this person spoke of a considerable improvement in his family member’s care in Aras Chois Fharraghe, in comparison to the last service. This person also spoke very highly of the standard of the Nursing Care and of the considerable improvement in his family member’s life as a result.

• A survey conducted by the Home of family members illustrated very high satisfaction levels with the quality of care in the Home.

• The atmosphere in the Home, over the course of this review, was very relaxed, homely and friendly.

• Records and information were observed to be maintained confidentially and securely throughout the review visit.

• There is evidence of performance reviews of staff and the standard of clinical care is a feature of these reviews.

• A new Care Plan template was implemented in December 2014. Considerable training has been provided with regard to this new template. The Person in Charge has a system for monitoring the reviews of Care Plans and this has clear dates for reviews of all care plans, to ensure they are reviewed at least every 4 months.

• There is considerable evidence of the Person in Charge providing training to staff on the Regulations and Standards and on Clinical Care issues.

• There is evidence of the Person in Charge providing mentoring to one of the Clinical Nurse Managers with regard to the regulations and standards and their implications for practice and care.

• There was a bereavement in the Home over the course of the review and staff were seen to manage this in a very sensitive and caring manner.

• The Provider and Person in Charge had a very strong presence in the Home and were observed to be very actively involved in the life of the Home over the course of the review (the Provider was actively involved in social activities and the Person in Charge was seen on a number of occasions caring for residents. This is very positive and indicative of good leadership).

• Minutes of a recent meeting held between the new Person in Charge and Nursing staff indicate a strong focus on clinical governance.

• Detailed individual records of residents’ dietary and nutrition needs are maintained in the kitchen and dining area and are updated on a monthly basis.
Standard 10: Assessment
The care plan document contains a minimum of 17 clinical risk assessment tools for all residents (with further tools in use if a specific risk is identified). Care plans are reviewed at least every four months. Ongoing training is provided in the use of our comprehensive care plan system.

Standard 11: The Resident’s Care Plan
Each resident has an individual care-plan based on the nursing process - assessment; care need identification; planning; implementation & evaluation. Residents’ care needs are evaluated twice daily, and there is on-going 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-seven per cent of those admitted to Áras Chois Fharráige during 2015 came from acute care with 24% coming from the community and 9% come from other long stay units, which is broadly in line with the figures for 2014. Almost 70% of admissions were to people from the immediate catchment area who are native Irish speakers. Many of them chose to come to the home because of a previous connection, with 27% coming as re-admissions or because they were related to an existing resident or member of staff. The average length of stay for those resident in the home on the 31 December 2015 was 33 months up from 29.2 months in 2014. Since the home opened 38% of all residents admitted have recovered sufficiently to return home. The average age on discharge was 84 years.

Standard 13: Healthcare
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. All policies identified in Appendix B of the HIQA standards have been reviewed, ratified and implemented.
Pressure sores
“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.”
- Dr Seamus O Beirn, Spiddal Medical Centre

The prevalence of pressure sores is an excellent indicator of the quality of care delivered in a particular institution or healthcare facility (UK Department of Health). No resident has developed a pressure ulcer of grade 2 or above while being cared for at Áras Chois Pharrai. One of our current residents was admitted to Áras Chois Pharrai in 2014 with life-threatening pressure ulcers. In a letter to the Home her family note: “We had been advised by her doctor that she did not have long to live… [she] has now healed completely with the good nursing care she received. She is now propelling herself around the nursing home”

An audit of skincare was conducted in January 2016. This audit found that: 100% of residents were assessed for risk of developing pressure sores using the Waterlow scale. All residents at risk of developing pressure sores had a skincare care plan in place. All residents with wounds were found to have a wound chart in place. All resident documentation showed evidence of nutrition management; BMI and MUST screening. All residents at high risk were on regular position change charts.

As part of our monitoring systems we monitor the prevalence of pressure sores. We record findings as per Standard 30 weekly. In addition we are proactive in 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.

A policy on skincare is in place which is due for review in 2017. An audit of Skincare (including pressure sore prevention and wound management) completed by external healthcare professionals in October 2014 found that staff were knowledgeable about best practice 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 practice and sound clinical judgement.”

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%.

**Presence of pressure sores in Áras Chois Ferarraige versus average Irish Nursing Home**

![Graph showing presence of pressure sores](image)

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 former physiotherapist Alison Blake MISCSP 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. A monthly audit of medications, medication trolleys, fridge and storage is conducted.

An audit of medication management was conducted in October 2015. This found that all medications were securely stored in a locked cabinet; all medication charts were reviewed and rewritten every four months.

The medication management policy, along with all other policies is reviewed every two years, most recently in 2014. As with all our policies it is subject to ongoing review.

**Standard 15: Medication Monitoring and Review**  
*(see also standard 24)*

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.

Monitoring systems include: pre & post administration of analgesia pain score monitoring; records of the number of residents who regularly take anxiolytics, night sedation and antipsychotic medication.

**Standard 16: End of Life Care**

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.

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 is revised and updated every two years. It is due for review in 2016. Nurses received additional training in end of life care in 2015.
Section 4: Quality of Life

Standard 17: Autonomy and Independence
Standard 18: Routines and Expectations
Standard 19: Meals and Mealtimes
“Local people call in to chat, play cards, or play music. A neighbour at the weekly card-games said, ‘There’s everything laid on for them – a hotel couldn’t be better.’ Someone who had recuperated there after an operation said, ‘It was the best holiday of my life!’

Identifying Key Elements of Social Care Practice in Successful Care Settings for Older People in Ireland by Prof Edmondson and Dr. Gallagher, Irish Journal of Applied Social Studies, December 2015 pg 62

“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.”

- Áras resident quoted in Nursing Homes Ireland Excellence in Care magazine
Standard 17: Autonomy and Independence

“The inclusion of the residents in the planning and evaluation of the activities programme is to be commended... The Áras has clearly made an effort to offer activities that are especially relevant to its resident group. For example, hens are kept in the garden because many residents come from a rural farming background. Likewise, knitting is facilitated as it is a familiar activity for many residents. There is evidence that the Áras is responsive to residents’ requests, with an example given of the creation of a vegetable garden for a resident who said he would like to get involved in gardening and supporting choice and autonomy for him with regard to its ongoing use.”

– Sonas APC, activities audit, August 2015

Residents are encouraged to exercise autonomy, independence and choice in their life in the Áras. The phrase: ‘a home from home’, comes up again, and again, in feedback about the Home and the phrase ‘ar nós do bhaile féin’ was chosen as the Home’s motto, to reflect our mission to provide this home from home environment for our residents.

Residents are encouraged to bring personal items of furniture and decoration to personalise their rooms. If a resident does not like the colour of their room we will repaint it. 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 landscaped gardens and inner courtyard. A vegetable patch was also developed at his suggestion.

The Irish Language

“A unique feature of Áras Chois Fharráige is that Irish is the first language of 70% of its residents and 70% of staff are Irish speakers. This provides a unique benefit of receiving care in the residents’ first language that would not be available to these residents elsewhere.”

– Sonas APC activities audit, July 2015

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.

The Sonas apc activities audit in July 2015 notes that most staff change seamlessly from Irish to English. “The centre is to be commended on its efforts to meet the staffing challenge presented by the fact that almost three quarters of residents are native Irish speakers. The assessor agrees with the centre’s view of the importance of maintaining high
levels of Irish language fluency among its staff team."

Seventy per cent of residents are native Irish speakers and 10% of our residents have very limited command of English. Bearing in mind the language needs of residents, the Home established the Gradam Áras Chois Fharraghe award, to assist native Irish speaking students from the local schools to train as nurses. The Gradam is co-funded by Udaras na Gaeltachta. Awards of up to €1,500 are given to successful applicants. To date nine young people from the local area have been awarded a total of €10,000 in grants to support their nursing studies.

‘One of the highlights of my time in Ireland was the way that everybody at the Áras welcomed me; the way they took me in and were happy to talk to me was just great. Beyond being able to do my research, it was great to encounter friendly faces on a daily basis.”

– Professor Nicole Müller, University Hospital Linköping

The Home was the site of an international study on bilingualism among elderly people in 2014/15. A professor of Speech and Language Pathology, working in conjunction with the Discipline of Speech and Language Therapy from NUI Galway spent six months visiting the Home twice per week. The Fulbright-funded research found that there were many benefits of Irish-speaking elderly people receiving care in a bilingual environment, such as that at Áras Chois Fharraghe.

Standard 18: Routines and Expectations
(see also Standard 21)
"Áras Chois Fharraghe demonstrates many instances of excellent practice and has the potential to support active, meaningful lives for all residents. Activities are delivered by a competent, committed activity co-ordinator who is clearly supported by the proprietor and management, and there is a broad range of scheduled activities available to residents."
Sonas Activities Audit, July, 2015

There is a full-time activities co-ordinator. Organised activities take place every day, with more than 20 hours of scheduled activities each week. A study into social care practices in the Home and another centre, was published in the Irish Journal of Applied Social Studies in December 2015, under the title: Identifying Key Elements of Social Care Practice in Successful Care Settings for Older People in Ireland: Steps Towards Wise Social Care. The study by Professor Ricca Edmondson from the School of Political Science and Sociology at NUI Galway and Dr Carmel Gallagher, School of Languages, Law and Social Sciences, Dublin Institute of Technology notes that the Áras is a place “where not only are people happy to be, but where very high expressions of well-being can be found.”

Áras Chois Fharraghe is a Sonas Registered Centre for dementia care. Four members of the care team are Sonas Licensed Practitioners. This is a therapeutic communication activity for older people with dementia. Sonas sessions run every week. In addition two staff members are qualified in ‘Imagination Gym’. Weekly activities include:
Áras Chois Fharraige Weekly Activities Schedule

**Monday am:**
- Na Nuachtáin
- Sonas sessions
- Nail Care

**Monday pm:**
- Physiotherapy Individual & Group Session

**Tuesday am:**
- Na Nuachtáin
- Paidreacha

**Tuesday pm:**
- An Siopa Beag
- Personal Pot Plant Care

**Wednesday am:**
- Na Nuachtáin
- Sonas Session
- Aromatherapy Hand Massage with Candles & Classical Music

**Wednesday pm:**
- Ceol & Damhsa /
- Armchair programme strength & balance (alternating weeks)

**Thursday am:**
- Na Nuachtáin
- Bingo

**Thursday pm:**
- Cáitai ‘25’
- Armchair programme strength & balance/Proactive Falls Prevention
- Art, Crafts & Card Making

**Friday am:**
- Na Nuachtáin
- Armchair programme strength & balance/Proactive Falls Prevention

**Friday pm:**
- Cinema of Times Past

**Saturday am:**
- Na Nuachtáin
- Skittles & Ball Games

**Saturday pm:**
- Éistigí

**Sunday am:**
- Aifreann an Dómhnach ar RTE nó an Raidió

**Sunday pm:**
- Cuírteoiri & Teacht le Chéile

The Áras recognise the benefits of pet therapy. The Home has a hen house with five hens and a rooster, which is a source of considerable enjoyment to residents who enjoy collecting the eggs.

The Home also keeps two pygmy goats. Organised pet therapy sessions are also held on a regular basis. Plant therapy is a new initiative begun in 2015 in which residents pot a plant and then tend and care for it each day.

Each bedroom is fitted with a wall mounted flat-screen television with multi-channel TV and radio. Remote controls are provided to give residents choice and independence in their viewing. All remote controls were replaced with new anti-bacterial handsets with large buttons in 2015, as an improvement initiative. At Residents’ request a laptop computer was purchased in order to watch Playback of TV shows from TG4.
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 oversees 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. In May 2015 a consultant nutritionist was engaged to review and advise on the most effective nutritional elements of meals content in the Áras, particularly with regard to residents’ medical conditions, needs and choice.

A staff member is allocated to ensure residents have access to drinks throughout the day. A speech and language therapist assesses residents who require modified diets and there is a system in place to identify those who have modified diets.

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 can choose between at least two options for each meal and catering staff are also happy to cater for individual requests.

Residents are facilitated in taking their meals where they wish. We use ‘Rubber-maid’ soundproof catering trolleys as the noise from metal catering trolleys may disturb residents. Beverages are available at any time, day or night. 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. A particularly memorable visit in 2015 of 30 family members of a resident led to an impromptu party, which was a wonderful occasion for all involved. 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 US universities come to the Home annually.
to participate in our activities calendar. Four students from The University of Nebraska take part in activities on two afternoons per week. Irish-speaking transition-year students from Coláiste Cholmáinne, Coláiste na Coiribe and Salerno Secondary School are also taking part in voluntary placements in the Home.

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 twice a year, for a celebration of all things Gaelic. In 2015 the Home hosted numerous concerts and events including a musical; the summer barbeque; the Great Áras Bake Off; Galway Race Day; Halloween fancy dress and sing-along party; performance by local youth choirs; 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.

In summer 2015 a talk on mental wellness in retirement 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.

Links with the local community are also fostered through charity events. The Home’s chosen charity for 2015 was the Western Alzheimer’s Association. A team from Áras Chois
Fharraige raised more than Euro 2,500 for this charity in 2015 by taking part in an adventure race. The Home sponsored and hosts the first defibrillator in the Cois Fharraige area for Croine Cois Fharraige and sponsors regular training in the use of the defibrillator.

**Standard 21: Responding to Behaviour that is challenging (see also standard 24)**
The Managing Behaviours that Challenge policy was revised in March 2015. All care staff have attended challenging behaviour training. We are committed to 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) regular reviews and assessments are carried out.

There is a weekly restraint register which records which residents use bed rails when in bed. The Home does not use lap belts. Some residents use hydro-tilt chairs to aid posture.

These residents are assessed using various Risk Assessment Tools, and in conjunction with the discharging hospital consultant’s advice, the Physiotherapist and Occupational Therapists’ assessments and recommendations.
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
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 practice is followed in all HR matters. There is a system of staff appraisal; all staff have annual individual performance reviews carried out.

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 Care Team of eight nurses, assisted by 26 health care assistants. Many HCAs are student nurses, while others have attained FETAC 5 level qualifications. The Provider supports the management team in developing their healthcare and leadership skills. Both CNMs hold the Higher Diploma in Gerontology from NUIG. One CNM has also achieved the FETAC level 6 leadership & management award, and is completing the Masters in Health Care Management.

Staffing levels are carefully monitored to ensure they meet resident’s needs. 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 Pharraig 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. Based on dependency levels, as assessed using the Rhys Hearn dependency tool, the RQIA system recommends a minimum of 19 direct care hours per resident weekly. In 2015 Áras Chois Fharraige rostered 24 hours of direct care hours per resident per week.

This level of staffing exceeds RQIA minimum levels by 25%. In addition the home rostered an average of 64 hours of clinical governance per week by the Person in Charge or a Clinical Nurse Manager.

These governance and staffing levels significantly exceed RQIA recommended levels.

Staff to resident ratio at different times of day

<table>
<thead>
<tr>
<th>Time</th>
<th>HSE West recommended minimum staff to resident ratio</th>
<th>Áras Chois Fharraige actual staff to resident ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>1.0</td>
<td>1.1</td>
</tr>
<tr>
<td>Afternoon/Evening</td>
<td>0.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Night</td>
<td>0.5</td>
<td>1.0</td>
</tr>
</tbody>
</table>

RQIA recommends that 35% of healthcare hours are allocated to registered nurses with 65% allocated to Health Care Assistants. With a current staffing mix of 34% nurses and 66% HCAs the Home is broadly in line with these recommendations.

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.

In total, healthcare and ancillary staff hours equal 4.2 hours per resident per day or 30 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, and pet therapy, whose hours are excluded from these figures. This figure also excludes the provider who works in the Home on a full-time basis.

It is also important that staff are available at appropriate times. The current staff ratio to
resident is 1 to 4.6 mornings, 1 to 5.9 afternoon and 1 to 14 at night. This is well within the guidelines published by HSE West (2004) which recommend ratios of 1 to 7, 1 to 8, and 1 to 15 over the three periods.

Clinical Judgement is underpinned by scientific research and Nursing Assessment Tools, and the use of a comprehensive suite of risk assessment tools.

**Standard 24:** Training and Supervision

“The nursing home is broadly in line with fire safety requirements with excellent fire safety procedures in place which I must commend you on.”

– Fire Safety Inspection, Galway Fire and Rescue Service, February 2015.

The care team at Áras Chois Pharrai is led by highly trained senior staff. The Person in Charge and the two Clinical Nurse Managers all hold the Higher Diploma in Gerontological Nursing. The Áras is also fortunate to have well qualified health care assistants with 50% having achieved the FETAC level 5 course in Care for the Elderly. Approximately 1 in 3 Health Care Assistants (30%) are training to become nurses and have completed between one and three years of the nursing degree in college. During 2015, 61% of all staff were native Irish Speakers with another 14% having a good working knowledge of the language.

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

We made a significant commitment to training in 2015 with the following courses undertaken by various staff throughout the year: Moving & Handling; Fire Safety, both in-house and with external trainers; Falls Prevention & Management; Medication Management; Medication HseLand; Elder Abuse; Challenging Behaviour; Restraint; Complaints Management; Infection Control & Environmental Hygiene; Nutrition; Care Plan Development; Neurological Disorders; Parkinson’s; Epilepsy; End of Life Care and Auditing.

The Home was recognized as an accredited Sonas Registered Centre after an inspection in January 2016. Achieving accreditation by Sonas apc was one of our targets for 2015. There was a strong focus on dementia training during 2015. Sessions were delivered on an Assessment Framework for Dementia Care; Types of Dementia and Best Practice initiatives such as the ‘This is Me’ book. Four members of staff attended training to become Sonas Licensed Practitioners.

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 2015. A monthly 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 Fire and Rescue Service the fire officer commended management on the “excellent fire safety procedures in place.”
Section 6: The Care Environment

Standard 25: Physical Environment
Standard 26: Health and Safety
Falls Management
Supervision
Infection Control
Section 6: The Care Environment

Standard 25: Physical Environment

“Individual rooms are spacious, with easily negotiable en-suite bathrooms; there is a central courtyard with raised flowerbeds in which residents can do gardening, and a pond with a trickling waterfall. Amenities include fruit trees and a hen-house - popular among residents, many of whom come from rural backgrounds; even a pair of goats.”
– Professor Ricca Edmondson and Dr Carmel Gallagher in Identifying Key Elements of Social Care Practice in Successful Care Settings for Older People in Ireland: Steps towards ‘Wise’ Social Care in the Irish Journal of Applied Social Studies, December 2015

“On entering the nursing home the atmosphere is warm and welcoming, with a sense of light and space. The nursing home design encourages freedom of movement and resident independence as much as possible in a risk reduced environment and pleasant surroundings.”
– Sonas apc, August 2015.
The Home is a modern facility which was architecturally designed to comply with the highest regulatory standards. 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.

**Personal care facilities provision per person versus Standard 25 requirement**

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 Fharráige significantly exceed HIQA Standard 25 requirements. In addition all bedrooms have wheelchair 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.
- Flat screen TV with multi-channel television and radio.
- 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

Áras Chois Fharraghe 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.

The Home minimizes its carbon footprint through the use of solar panels. There is also a sophisticated filtration system. Drinking water has UV treatment capable of dealing with cryptosporidium. There is also a generator to minimise issues related to potential electricity outages.

An emergency call bell system is in place with an accessible alarm in every bedroom, en-suite 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**

“The premises are maintained to a very high standard. The overall standard of health and safety management appeared to be very satisfactory.”

– Peninsula Health & Safety audit September 2015

A comprehensive Health & Safety audit, measuring 69 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 97% (n=67). 100% compliance was achieved within six weeks by carrying out two further actions.

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. An independent audit conducted by healthcare consultant Joe Wolfe noted that the minutes of these meetings “demonstrate good governance and oversight.”

In an audit of governance structures by Joe Wolfe noted: “There is a very good log of incidents and accidents maintained in the office and a six-monthly analysis of this from November 2014 to April 2015 has been conducted.”

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.

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.

The time taken to answer a non-priority call bell has been chosen as a key performance indicator. This is audited every six months (in April and October). In order to get an average figure for the time taken to answer a non-urgent call bell two dates in October 2015 were selected at random (Oct 15 and Oct 24). One page of answer times for each date was then selected at random and printed out, amounting to 40 call bell uses per date, and averaged. From these 80 responses the average time taken to answer a non-priority call bell was one minute three seconds. In April 2015 the time taken to answer a non-priority call bell was one minute eight seconds. An audit in April 2014 revealed that the average time to answer a non-priority call was two minutes 25 seconds.

Walkie-talkies are now used for better communication between staff within the facility. A mobile phone is 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 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.

We accept the need to be forever vigilant and constantly develop our expertise in risk management. The constant focus on risk management is evidenced by the continuing drop in what is already a very low falls rate in the Home. Áras Chois Fharraige has adopted a proactive stance on Falls Prevention and has embraced the NICE Guideline 21 “Get up and Go Test”. It says that most successful programmes include strength and balance training. This programme is implemented three times weekly at the Áras. Falls prevention levels are maintained through this strategic approach of health promotion and health management and its aim is to improve muscle strengthening and balance retraining thus minimising Falls Risk.

Steps to further minimise the risk of falls, include the use of bed and chair mat alarms and the retrofitting of automated LED lighting to the en-suites of high risk residents and the transition to a new integrated floor cleaning, sanitizing and polishing machine, which ensures that floors are never wet.

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 63 residents who stayed at Áras Chois Fharraige between January 1 and December 31, 2015, 19% (n=12) experienced a fall, giving a falls rate of 21%, well below the research figure. Therefore the likelihood of a resident of Áras Chois Fharraige experiencing a fall during 2015 was significantly lower than 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. The HSE uses research by Rubenstein et al (1994) which reports 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 Pharraige is approximately 0.45 falls per bed per year. Therefore the falls rate per bed at Áras Chois Pharraige is approximately one-third of the average falls rate. Stated another way the average nursing home will have three incidences of a resident falling for each incident that occurs in Áras Chois Pharraige.

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 2015, 21 were rated as high risk; 31 medium risk; and 11 low risk.

Forty-eight per cent (n=10) of those assessed as high risk experienced a fall. Six per cent (n=2) of those assessed as at medium risk experienced a fall and no one (0%) at low risk experienced a fall.

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. An access control system has been fitted to stairwells and staff corridor, laundry and cleaning room so areas can only be accessed by staff. 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**

Mobile work stations have been fitted to the two main communal areas to facilitate supervision and interaction with residents and visitors. Supervision by staff continues to be implemented in order to maintain resident safety and avoid falls, particularly the supervision of residents who use hydrotilt chairs. A weekly audit is conducted which points up the continued safety status of residents. No incidences have been recorded and no near miss of incident has been reported since this audit was commenced in April 2015. Visitors and family members continue to observe the Áras safe practice procedure of summoning a staff member before leaving the resident’s company. Any resident identified as being at risk, has a full falls risk
assessment carried out, a care plan implemented and an evaluation update recorded.

**Infection Control**

"We have always been impressed with the extremely low infection rates particularly in times of disease outbreak in the community,"

– Dr Seamus O’Beirn, Spiddal Medical Centre

The Home won a Gold Award for Excellence in Hygiene and Cleanliness at the Irish Accommodation Services Institute (IASI) Awards 2015. This was achieved after a comprehensive audit by the IASI inspector.

A number of new hygiene initiatives have been implemented in 2015. A state of the art floor cleaning and sanitizing machine was purchased in 2015. This more hygienic than mop-based systems. Six additional hand sanitizing units have been fitted in corridors. In addition new TV antibacterial television remote controls have been purchased for all residents. These also have large buttons for ease of use.

The infection control policy was reviewed in late 2014. A full time cleaner works in the Home. Gloves and apron stations are fitted throughout the nursing home. There is a colour-coded cleaning system for mop heads; cleaning cloths and laundry trolleys to minimise the risk of infection spread.

94% of respondents to the Residents and Relatives’ Survey were very satisfied that the facility is clean and well maintained, with 6% satisfied. Similarly 88% of respondents said they were very satisfied that residents clothing is clean and well looked after, with 12% satisfied.

Infection rates are another important quality indicator for nursing homes. In 2015 there were a total of 226 incidents of “an outbreak of an notifiable disease” to HIQA from Irish nursing homes.

In all one-quarter of Irish nursing homes had an outbreak of a notifiable disease in 2014, with nearly half of these having two or more outbreaks of notifiable disease. Similarly one-third of Irish of nursing homes had an outbreak of a notifiable disease in 2013. The national statistics for 2015 were not available at the time this report was compiled. Through adhering to strict infection protocols Áras Chois Pharáig has ensured there has never been an outbreak of an infectious disease in the Home.
Section 7: Governance and Management

Standard 27: Operational Management
Standard 28: Purpose and Function
Standard 29: Management Systems
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
“There was considerable evidence over the course of the review of effective, daily, operational management. For example, there are clear written allocation of duties and there are clear handover processes in place.”
– Joe Wolfe, partner The Wolfe Group

A new Person in Charge (PIC) was appointed in May 2015. An external audit of Governance and management systems was conducted by Joe Wolfe in August 2015. He noted: “Clearly there are many positive governance structures and systems in place in the Nursing Home. Some of these have always been in place.”

Standard 28: Purpose and Function
The Statement of Purpose was 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 provided to all residents and their representatives. It is also available on the Home’s website: www.thearas.com

Standard 29: Management Systems
There is a clearly set out management structure, with clear lines of responsibility and accountability. A daily allocation sheet is used, clearly setting out roles, responsibilities and accountability throughout the facility.
All policies as identified in the Health Act (2007) as amended and the Standards Appendix B have been reviewed, updated and ratified in the period 2014/15. There is a robust emergency policy, which includes guidelines to direct staff in the event of a need to evacuate the nursing home.

Standard 30: Quality Assurance and Continuous Improvement
The quality of care and experience of the residents is monitored and developed on an ongoing basis. Additional training in clinical audits
for clinical nurse managers was undertaken in 2015. A range of internal and external audits are conducted annually for the purposes of quality assurance and continuous improvement. Audits conducted in the last 12 months by external consultants for the purposes of reviewing and monitoring the standard of care and continuous improvement include the following:

- Audit of activity provision for residents with dementia
- RQIA staffing audit
- Audit of hygiene and cleanliness by the Irish Accommodation Services Institute (IASI)
- Audit of fire safety by First Point Safety Training (twice per year)
- Audit of Medication Management and Review
- Audit of Health & Safety Systems by Peninsula Health & Safety
- Audit of governance and clinical standards by Joe Wolfe Group
- Audit of activities by Sonas APC
- Audit of Fire Safety measures by Galway Co Council Fire Department.
- Annual Resident & Relatives Survey
- Annual Employee Survey

In addition the following in-house audits were conducted by members of the management team during 2015:

- Skincare audit;
- Specialized chair and bed rail audit;
- Isolation audit;
- Falls audit;
- Complaints audit;
- Call bell accessibility audit (monthly);
- Health & Safety audit (every six months);
- Staffing audit.

For the purpose of quality assurance and continuous improvement data is collected on twelve standard 30 audits each week.

**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.

**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.
Please tell us about your experience of Áras Chois Pharraige

• In the few months that P____ has been a resident I myself have noticed a vast improvement in him, as he always seems happy and content in himself which is down to the work and environment he is living in.

• I have nothing but praise for the Home + all the staff! If I need accommodation in later life I hope I am accommodated here.

• Very happy in the home, loves all the activities, and can talk to any members of staff if there is any concerns. An sásta anseo.

• Happy in the home. Loves the staff, and loves “mo leabha”

• Happy. Likes to get up at 11am, likes to have jam on his bread, clothes are always clean.

• All the staff are very good at their work and are so good and caring to the residents, they’re all like one big family there. Anything that needs to be done, is done without any trouble. The residents are always so happy there. Every need is catered for. We are so lucky to have such a good and caring place for our relatives.

• As a family member of an Áras Chois Pharraige resident I am very happy with the treatment my mother is receiving. The staff are very friendly and caring. The home is very clean and maintained to a very high standard.

• Chaith mé trí seachtaine san Áras ar ‘respite’ agus caithfidh mé rá gur thaithne chuile noiméad hám. Bhí chuile dhuine iontach-thug siad uilig an- aire dham labhain siad hiom i mo theanga dhúchas fein chaith siad am liom ag caint agus comhrá, bhí an beath thar barr agus bhí an áit chomh glan go niosfá do bhéile ón urlar. Nuair a théannig mé isterach ar dtus bhí mé
an – tinn, ní raibh mé in ann siúl nó ithe, bhi mé an-iséal go deo. Trí seachtain in dhiaidh sin agus mé ag dul abhaile, bí mé meachain aírtha suas agam, bhi me mann siul agus an rud is tabhachta ar fad- bí mé inann agus reidh le dul abhaile an buichas ar fad ag dul duine áras as seo- maradh iad ní bhéínn in ann dul abhaile ag mo theadh féin. Mile buíochas don tharann ar fad- coinnigh suas an dea- obair!

- Happy with everything. Very pleased. Couldn’t be happier.

- All fine. Very happy with the care.

- I am very happy with all aspects of my Dad’s care. I find the staff excellent in every way.

- Overall my experience of the Home is that it provides an excellent, all round care, which includes the fact that the staff are wonderful. They put great effort into providing activities and are always willing to go the extra mile to ensure my mother’s needs are as fully catered for as is possible.

- I always enjoy coming to the Áras as the staff are so welcoming. My father is very happy here and as a family we are very happy also. Keep up the great work.

- I find the management and staff warm and friendly and very helpful with any concerns I may have. As a family we are very happy with the care provided to our loved one. Áras Chois Fhrarraige is very clean and bright with a happy atmosphere. There is good interaction and activities for the patients. It’s the small things that mean a lot. Thanks to all.

- We find everything very satisfactory and the staff very friendly.
• My experience has been and continues to be a very positive one. The care given by the staff is second to none.

• All the staff are very professional, kind and respectful of Mam’s needs. They always take time to update the family on Mam’s health.

• Tá mé sásta san áire seo agus seo é mo tire baile anois.

• Tá mé a thar a bhéith sásta san alt seo.

• All the staff are cheerful and friendly. They know who I am and often tell me where my Dad is and how he is before I even reach the lift. Their care of the residents is exemplary - gentle touches and caresses to encourage involvement and response. Dad seems comfortable and less anxious about "life" for being in your care. Thank you.

• Very pleasant caring staff. My mother is so happy it makes me feel so delighted I have chosen this wonderful nursing home.

• Very happy with all aspects of care in the home. It’s a friendly home from home which offers protection and companionship to all of the residents.

• I am very happy here. This is my home and Matron looks after me very well.

• I am very happy with the care and staff of Áras Chois Fharraghe.

• Ba mtaith liom fanacht i mo sheomra. Ní maith liom an somarcha imeachtaí. Ni maith liom caint faoi “diet”.

Áras Chois Fharraghe Nursing Home – Annual Review 2015
• The high scores I have recorded should indicate that I am more than satisfied with the wonderful care and attention my wife B______ obtains at Áras Chois Fharraige. The staff are most caring, at all times obviously, having vast experience caring for their own grandparents in a “home” setting. The high standard of the premises is also complimented by the level of hygiene and quality of food. Prior to my wife’s entry, we had viewed numerous nursing homes in the county but none could compare. Thanks a million for the wonderful care given to B______ this past 4 years. Keep up the good work.

• Overall happy with the care, good atmosphere, staff are helpful