

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Aras Mhuire Nursing Home
<b>Centre ID:</b>	0190
<b>Centre address:</b>	Greenville
	Listowel
	Co Kerry
<b>Telephone number:</b>	068-21470
<b>Email address:</b>	amnh@eircom.net
<b>Type of centre:</b>	<input type="checkbox"/> <b>Private</b> <input checked="" type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Listowel Old Folks Home Company Ltd
<b>Person authorised to act on behalf of the provider:</b>	John O'Keefe
<b>Person in charge:</b>	Kay Bryant
<b>Date of inspection:</b>	24 January 2013 and 25 January 2013
<b>Time inspection took place:</b>	<b>Day 1 - Start:</b> 08:00hrs <b>Completion:</b> 16:45hrs <b>Day 2 - Start:</b> 08:15hrs <b>Completion:</b> 14:30hrs
<b>Lead inspector:</b>	Col Conway
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	32
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection, in which **18** outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint.

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input checked="" type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input checked="" type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input checked="" type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input checked="" type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input checked="" type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection an inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as residents' nursing care plans, medical records, accident/incident logs, policies and procedures and records maintained on staff files.

During the two days of inspection there was evidence that residents received overall a good standard of care. The action plans at the end of this report identify areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

**Theme: Leadership, Governance and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

**Outcome 1**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

A written statement of purpose was available and it contained all of the information that is required by Schedule 1 of the Regulations; however, it did not correctly describe the age range of residents for whom care was actually being provided as well as the range of needs that care was being provided for.

**Outcome 2**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**References:**

Regulation 28: Contract for the Provision of Services  
Standard 1: Information  
Standard 7: Contract/Statement of Terms and Conditions

**Action required from previous inspection:**

Ensure each resident's contract includes the details of all fees to be charged.

## Inspection findings

Agreed/signed contracts of care were in place that detailed the overall services that were to be provided for each resident as well as the fees to be charged.

### Outcome 3

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

#### References:

Regulation 15: Person in Charge  
Standard 27: Operational Management

#### Action required from previous inspection:

No action was required from the previous inspection.

## Inspection findings

The person in charge works full-time, is a registered nurse, holds current registration with the nursing professional body and has the required experience. She has a commitment to her own continued professional development as there was evidence she had undertaken relevant short courses over the previous 12 months and during the two days of inspection she demonstrated the necessary clinical knowledge and management skills.

### Outcome 4

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

#### References:

Regulations 21-25: The records to be kept in a designated centre  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

#### Action required from previous inspection:

Ensure the written Residents' Guide contains all of the required information.

**Inspection findings:**

*\*Where "Improvements required" is indicated, full details of actions required are in the action plan at the end of the report.*

**Residents' Guide**Substantial compliance Improvements required \* **Records in relation to residents (Schedule 3)**Substantial compliance Improvements required \* **General Records (Schedule 4)**Substantial compliance Improvements required \* **Operating Policies and Procedures (Schedule 5)**Substantial compliance Improvements required \* **Directory of Residents**Substantial compliance Improvements required \* **Staffing Records**Substantial compliance Improvements required \* **Medical Records**Substantial compliance Improvements required \* **Insurance Cover**Substantial compliance Improvements required \* **Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

The inspector was informed that the person in charge had not been absent for a length of time that required notification to the Chief Inspector.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

There was a written policy on residents' personal property and possessions. The inspector reviewed the record keeping of handling residents' monies and appropriate procedures and documentation were in place to manage residents' finances in a transparent manner.

There was a written policy and procedures for the prevention, detection and response to abuse and there was evidence that staff had been appropriately vetted. Staff had been provided with opportunities to attend information sessions and updates in regard to the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse.

**Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Actions required from previous inspection:**

Ensure the written risk management policy is fully implemented throughout the centre.

**Inspection findings**

There was evidence of some good practice in regard to ensuring the health and safety of residents, visitors and staff, such as:

- an up-to-date health and safety statement and a health and safety policy were in place
- any incidents/accidents were documented and analysed for possible causes
- staff training in fire safety and moving and handling was up-to-date
- records indicated that equipment was checked and maintained
- fire exits were unobstructed and records confirmed that fire equipment, fire prevention and suppression system checks were up-to-date
- adequate lighting was in place and hand and grab rails were in the required places.

Some precautions were not in place to prevent potential accidental injury or cross-infection to residents as:

- the hot water supply at wash-hand basins was very hot
- the floor tiles were damaged outside the communal toilet and shower numbered two
- access to the sluice room was not restricted to residents
- a pedal waste bin in the female communal toilets was rusty.

**Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management



**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

There were medication management written policies and procedures detailing ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. The inspector observed nursing staff adhering to professional guidelines and regulatory requirements in regard to medication management practices.

The inspector found evidence in the sample of medicine prescriptions that were reviewed, that residents' prescriptions had been reviewed at least three monthly by a medical practitioner. However, all of the necessary measures were not in place to reduce the potential risk of medication administration error as the frequency of dose for some of the PRN (*pro re nata* - a medication that should be taken only as needed) medicines was not always prescribed. This had been identified as a risk and an area requiring improvement in medication management audits that had been undertaken in the previous six months.

**Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

Detailed written records of any incidents and accidents occurring in the centre were maintained and notifications as required were forwarded to the Authority.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this*

*care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

### **Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

#### **Action required from previous inspection:**

No action was required from the previous inspection.

### **Inspection findings**

The inspector found evidence that the experience of residents was being monitored as some residents and or their representative(s) had completed satisfaction questionnaires/surveys in regard to the service.

Quality review activity had been undertaken that included audit/evaluation of medication management practices, infection control, documents maintained on staff files, continence management, handling and disposal of sharps and provision of meaningful and stimulating activities for residents. There were written reports with the findings and associated action plans.

One of the ways the person in charge monitored the quality of care for residents was by maintaining clinical data and analysing it to determine trends and any causative factors in regard to any significant events for residents such as any infections experienced by residents, use of antibiotics, any falls, pain experienced by residents and any wounds.

### **Outcome 11**

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

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent

Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

In the sample of residents' records that were reviewed by the inspector, there was evidence that nursing staff used recognised assessment tools to frequently monitor residents' progress and to detect any deterioration. Residents' clinical risk factors were identified, care was planned accordingly and residents with significant risks were cared for appropriately and arrangements to meet their specific needs were set out in individual written nursing care plans. There was evidence that the care plans were reviewed by nursing staff at least three-monthly or more frequently if required.

A review of residents' medical records indicated that residents had access to and frequent review by medical practitioners. Residents' records and staff confirmed that residents had access to occupational therapy, speech and language therapy, dietician services, physiotherapy, chiropody, dentistry, optical care and audiology.

While there was a seven day timetable of the activities on offer in the centre and while there was evidence that activities were actually provided, there was not consistently a variety of activities facilitated that were relevant to all of the residents' individual capacities and there were limited dementia-specific activities.

**Outcome 12**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**

Regulation 19: Premises  
Standard 25: Physical Environment

**Action required from previous inspection:**

Provide adequate storage space for equipment.

## Inspection findings

The premise was generally well maintained and the fittings, fixtures, curtains and furniture were appropriate to meet residents' needs. There were appropriate beds and mattresses to meet residents' needs and the necessary assistive equipment was available such as hoists, wheelchairs, and specialised seating.

There were adequate communal living and seating areas as well as dining space and there were areas for residents to meet with their visitors that were separate to their private/bedroom accommodation.

There was a safe outdoor space for residents that consisted of a patio that was entered from within the centre.

There was not adequate storage space for equipment.

There was a sufficient number of toilet and washing facilities, however, the paintwork in the communal shower and toilet facility numbered two was not maintained in a good state of repair.

The laundry room was clean and had the required equipment. However, the sluice sink and surrounding area required attention as did the bench top and cupboards of the main sink to ensure the areas could be appropriately cleaned.

### **Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

### **Outcome 13**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

### **Action required from previous inspection:**

No action was required from the previous inspection.

## Inspection findings

There was a written complaints policy and the procedures for making a complaint and it was hung in a prominent place. Residents had access to an independent appeals process.

A detailed written record was maintained of any complaints, detailing the actual complaint and the ongoing management of any complaints as well as the complainants' satisfaction.

**Outcome 14**

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

**References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

The inspector was informed that at the time of inspection no resident was receiving end of life care. Specialised community palliative care services were available for residents if required, there was an oratory in the centre, and the person in charge informed the inspector that facilities were made available for relatives to stay overnight if required.

**Outcome 15**

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

**References:**

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

An inspector observed that residents were provided with food and drink at times and in quantities adequate for his/her needs and they were offered choice.

Residents were provided with opportunities to eat their meals while seated at dining tables in a communal dining room or were facilitated to eat in the communal lounge or in their bedroom accommodation if they wished. Residents who needed assistance

with eating their meals were assisted by staff using appropriate techniques in a respectful manner.

Residents' weights were monitored regularly and a well-recognised nutritional assessment tool was used frequently to monitor each resident's nutritional status.

Residents' preferences and dietary requirements were communicated in writing to kitchen staff and residents had access to fresh drinking water and hot drinks and snacks as they required.

### **Outcome 16**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

#### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

#### **Action required from previous inspection:**

No action was required from the previous inspection.

### **Inspection findings**

There was evidence available to the inspector that indicated residents were consulted with and participated in the organisation of the centre as they had been provided with opportunities to join the residents' committee meetings. There was strong evidence that changes had been rapidly implemented based on residents' feedback and requests.

During the two days of inspection, the inspector observed staff promoting residents' independence as they encouraged residents to do as much for themselves as possible and residents were offered choice in what they wanted to do.

Family contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to private/bedroom accommodation.

**Outcome 17**

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

Laundry facilities were on-site and there were arrangements in place for the regular laundering of linen and clothing. Appropriate procedures were in place for the safe return of clothes to residents.

Each bedroom had furniture for residents to store clothing and personal items in their own bedside cabinets and wardrobes.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**References:**

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

The staff duty rosters that were reviewed by an inspector indicated there was sufficient staff employed and consistently rostered to work. During the two days of inspection the inspector observed that the number and skill-mix of staff working was appropriate to meet the needs of the residents.

There was evidence that staff had attended mandatory training and staff had also been provided with opportunities to attend a variety of training sessions, such as, infection control, dysphagia (swallowing difficulties), use of restraint, care planning, health and safety and resident activities for residential care.

The person in charge confirmed that the majority of care staff had completed or were currently undertaking a relevant Further Education and Training Awards Council (FETAC) training programme.

**Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, the person in charge, staff and provider during the inspection.

***Report compiled by:***

Col Conway  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

4 February 2013



**Provider's response to inspection report \***

<b>Centre Name:</b>	Aras Mhuire Nursing Home
<b>Centre ID:</b>	0190
<b>Date of inspection:</b>	24 January 2013 and 25 January 2013
<b>Date of response:</b>	18 February 2013

**Requirements**

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**Theme: Governance, Leadership and Management**

***Outcome 1: Statement of purpose and quality management***

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

The written statement of purpose did not correctly describe the age range of residents for whom care was actually being provided as well as the range of residents' needs that were actually being met.

**Action required:**

Ensure the written statement of purpose states the correct age-range of the residents for who will be accommodated in the centre as well as the correct range of residents' needs that will be met.

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

<b>Action required:</b>	
Notify the Chief Inspector in writing before changes are made to the written statement of purpose which affect the purpose and function of the designated centre.	
<b>Reference:</b>	
Health Act 2007 Regulation 5: Statement of Purpose	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  A proposed revised statement of purpose and function has been forwarded to the Authority which accurately identifies the age range catered for and the type of care provided by Aras Mhuire Nursing Home.	11 February 2013

**Theme: Safe care and support**

***Outcome 7: Health and safety and risk management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
The necessary precautions were not in place to prevent potential accidental injury or cross-infection to residents as: <ul style="list-style-type: none"> <li>▪ the hot water supply at wash-hand basins was very hot</li> <li>▪ the floor tiles outside the communal toilet and shower numbered two were damaged</li> <li>▪ access to the sluice room was not restricted to residents</li> <li>▪ a pedal waste bin in the female communal toilets was rusty.</li> </ul>
<b>Action required:</b>
Take measures to ensure that residents do not suffer accidental injury from the hot water supply.
<b>Action required:</b>
Maintain the floor tiles outside the communal toilet and shower numbered two in a good state of repair.
<b>Action required:</b>
Maintain the pedal waste bin in the female communal toilets in a good state of repair.

<b>Action required:</b>	
Ensure access to the sluice room is restricted to residents.	
<b>Reference:</b>	
Health Act 2007 Regulation 19: Premises Regulation 30: Health and Safety Regulation 31: Risk Management Procedures	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
1. The installation of thermostatic valves to all hot taps in the centre has been approved. Work is due to begin on 25 February 2013.	4 March 2013
2. The damaged floor tiles outside the communal toilet and shower room number two have been replaced.	12 February 2013
3. A combination lock has been fitted to the sluice room door which ensures staff only entry.	22 February 2013
4. The pedal bin in the female bathroom has been replaced.	19 February 2013

***Outcome 8: Medication management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The frequency of dose for some of the PRN ( <i>pro re nata</i> - a medication that should be taken only as needed) medicines was not always prescribed.	
<b>Action required:</b>	
Ensure the frequency of dose for all PRN medicines is prescribed.	
<b>Reference:</b>	
Health Act, 2007 Regulation 25: Medical Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
The prescribing of maximum dosages of all PRN medications has	20 February 2013

<p>been discussed with all general practitioners (GPs) attending Aras Mhuire Nursing Home and also with staff nurses at team meeting on 18 February 2013. Maximum doses of all PRN medicines are currently correctly prescribed and the practice of audit and evaluation will continue to ensure compliance with same.</p>	
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<p><b>Theme: Effective care and support</b></p>
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***Outcome 11: Health and social care needs***

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

Residents did not consistently have opportunities to participate in a variety of meaningful and stimulating activities that were relevant to his or her individual interests or capacities.

**Action required:**

Ensure residents consistently have opportunities to participate in a variety of activities appropriate to his or her interests and capacities.

**Reference:**

Health Act 2007  
Regulation 6:General Welfare and Protection

<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
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<p>Provider's response:</p> <p>Cognitive assessment tools for activities are currently being reviewed and an appropriate tool will be implemented for all residents in order to correctly identify suitable activities for all residents. A revised activities timetable will be drawn up to address the individual needs of all residents.</p>	<p>15 April 2013</p>
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***Outcome 12: Safe and suitable premises***

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

There was not adequate storage space for equipment.

The paintwork in the communal shower and toilet facility numbered two was not maintained in a good state of repair.

The sluice and sink facilities required attention in the laundry.

<b>Action required:</b>	
Ensure suitable provision is made for storage.	
<b>Action required:</b>	
Ensure the paintwork in the communal shower and toilet facility numbered two is maintained in a good state of repair.	
<b>Action required:</b>	
Ensure there are suitable sluice and sink facilities in the laundry.	
<b>Reference:</b>	
Health Act 2007 Regulation 19: Premise	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
<p>Provider's response:</p> <p>A management committee meeting is scheduled to take place on 7 March 2013. The issue of provision of additional storage has been approved for the agenda. The paint work in bathroom number two has been completed and a maintenance programme of paintwork for Aras Mhuire for 2013 is currently being compiled.</p> <p>The maintenance work required in the laundry room has been reviewed and work will commence on laundry on 19 March 2013.</p>	15 March 2013

**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

We wish to take this opportunity to thank the Authority for the positive manner in which our inspection was conducted. We appreciate all feedback and will continue to strive to maintain and improve the standards of care provided to all of our residents.

**Provider's name:** John O'Keeffe

**Date:** 25 February 2013

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