

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhuire Nursing Home
Centre ID:	0190
Centre address:	Greenville
	Listowel
	Co Kerry
Telephone number:	068-21470
Email address:	amnh@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Listowel Old Folks Home Company Ltd
Person authorised to act on behalf of the provider:	John O'Keefe
Person in charge:	Kay Bryant
Date of inspection:	26 June 2013
Time inspection took place:	Start: 10:15hrs Completion: 11:40hrs
Lead inspector:	Col Conway
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	0

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.

Summary of compliance with 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 to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received.

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

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

An 18 outcome inspection was completed by the Authority on 24 January 2013 and 25 January 2013 and areas that were identified at the time as requiring improvement were:

- the written statement of purpose
- some medication management practices
- provision of suitable activities for residents
- some aspects of the premises.

The inspection report from January 2013 inspection can be viewed on the Authority's website, www.hiqa.ie, using centre identification number 0190.

This monitoring inspection was undertaken to follow up on the required actions from January 2013 inspection, it was announced and took place over one day. The

inspector met with the person in charge and some staff members as well as viewing the premises.

During this follow up inspection there was evidence that the majority of the required actions had been completed; however, provision of both suitable activities for residents and adequate storage is still required. The Action Plans at the end of this report identifies 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*.

Actions reviewed on inspection:

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: Statement of purpose and quality management

Action required from previous inspection:

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.

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.

Both these action were completed.

Following the previous inspection the written statement of purpose was reviewed and adjustments were made so that it stated the correct age-range of the residents as well as the correct range of residents' needs that were being met. The new version of the document was forwarded by the person in charge to the Authority and it was available for residents and/or their representatives on this inspection.

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 7: Health and safety and risk management

Action required from previous inspection:

Take measures to ensure that residents do not suffer accidental injury from the hot water supply. *This action was completed.*

Since the previous inspection temperature control thermostats had been installed at the majority of wash-hand basins so that the hot water supply was controlled at a safe temperature.

Action required from previous inspection:

Maintain the floor tiles outside the communal toilet and shower numbered two in a good state of repair. *This action was completed.*

The floor tiles outside the communal toilet and shower numbered two had been replaced since the previous inspection and they were in a good state of repair.

Action required from previous inspection:

Maintain the pedal waste bin in the female communal toilets in a good state of repair. *This action was completed.*

The pedal waste bin in the female communal toilets had been replaced and it was in a good state of repair.

Action required from previous inspection:

Ensure access to the sluice room is restricted to residents. *This action was completed.*

Access to the sluice room was restricted to residents as since the previous inspection a key-pad lock had been installed on the door.

Outcome 8: Medication management

Action required from previous inspection:

Ensure the frequency of dose for all PRN (pro re nata - a medication that should be taken only as needed) medicines is prescribed. *This action was completed.*

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 11: Health and social care needs

Since the previous inspection an audit had been undertaken of residents' medicine prescription charts and the person in charge informed the inspector that monitoring had been undertaken in regard to the prescribing of the frequency of dose for all PRN (*pro re nata* - a medication that should be taken only as needed) medicines. The inspector found substantial compliance in the sample of residents' medicine prescription charts that were reviewed.

Action required from previous inspection:

Ensure residents consistently have opportunities to participate in a variety of activities appropriate to his or her interests and capacities. *This action was not fully completed.*

The inspector reviewed a new job description for a post holder to coordinate a varied programme of stimulating activities for residents and the person in charge confirmed that she was hopeful that appointment of a successful candidate would occur shortly after this inspection. An occupational therapist was also to begin undertaking an assessment of each resident for their capacity to undertake activities so that relevant activities could be provided. However, at the time of this inspection the proposed changes were not fully implemented and each resident did not consistently have opportunities to participate in a variety of activities appropriate to his or her interests and capacities.

Outcome 12: Safe and suitable premises**Action required from previous inspection:**

Ensure suitable provision is made for storage. *This action was not completed.*

Provision of suitable storage for equipment remained outstanding as planned improvements to the building had not yet commenced. The person in charge informed the inspector that there were plans to make adjustments to a multi-occupancy bedroom, some of the communal toilet and washing facilities and to provide storage areas.

Action required from previous inspection:

Ensure the paintwork in the communal shower and toilet facility numbered two is maintained in a good state of repair. *This action was completed.*

The communal shower and toilet facility numbered two had been painted since the previous inspection and the paintwork was maintained in a good state of repair.

Action required from previous inspection:

Ensure there are suitable sluice and sink facilities in the laundry. *This action was completed.*

Since the previous inspection there had been an upgrade of the laundry facility which had incorporated increasing the space, purchase of two new laundry washing machines, installation of appropriate sinks and covering of plumbing pipes. At the time of this inspection there were suitable sluice and sink facilities in the laundry.

Report compiled by:

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

2 July 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Aras Mhuire Nursing Home
Centre ID:	0190
Date of inspection:	26 June 2013
Date of response:	26 July 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, 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 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

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>An activities assistant has been appointed 19.5 hours a week, Monday to Friday. The post holder commenced on 22 July 2013. The services of an occupational therapist have also been retained to assist the activities assistant in the setting up of assessment tools and meaningful activities for all residents.</p>	<p>30 November 2013</p>

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was not adequate storage space for equipment.</p>	
<p>Action required:</p> <p>Ensure suitable provision is made for storage.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Planning permission for addition of a storage room has been obtained and it is planned to commence the building of a storage room by 31 October 2013.</p>	<p>31 October 2013</p>