

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Aras Mhuire Nursing Home
<b>Centre ID:</b>	OSV-0000190
<b>Centre address:</b>	Greenville, Listowel, Kerry.
<b>Telephone number:</b>	068 21 470
<b>Email address:</b>	amnh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	The Listowel Old Folks Home Company
<b>Provider Nominee:</b>	John O'Keeffe
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	33
<b>Number of vacancies on the date of inspection:</b>	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 his/her registration.

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

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

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
27 May 2015 10:30	27 May 2015 19:00
28 May 2015 09:00	28 May 2015 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was an announced inspection following an application by Aras Mhuire Nursing Home, in accordance with statutory requirements, to renew registration of a designated centre. As part of the inspection the inspector met with residents, the nominated provider, the person in charge, nurses, relatives and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspection findings were positive and where regulatory non-compliance had

been identified the providers demonstrated their willingness, commitment and capacity to implement the required improvements.

The last inspection, on 10 April 2014, was a thematic that focused on the outcomes of food and nutrition and end-of-life care. The inspection findings were satisfactory and, where required, the provider and person in charge had taken action accordingly. A copy of that report, including the provider's response and action plan, can be found on [www.hiqa.ie](http://www.hiqa.ie).

The findings of this registration renewal inspection are set out under 18 Outcome statements. These Outcomes describe what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector was satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. The safety of residents and staff within the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The inspector was satisfied that overall, the centre was well operated and compliant with the conditions of registration granted. Areas for improvement were identified in relation to premises and health and safety. These issues are covered in more detail in the body of the report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is 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.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was centre-specific and a copy was readily available for reference. It comprised of the statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review. The inspector reviewed the statement of purpose and found that it complied with most of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 however, there was a minor omission in relation to the provision of day care facilities which was addressed at time of inspection.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The designated centre has provided a service for over forty years and operated on a voluntary basis with a well established system of governance in place via a board of management. Care was directed through the person in charge who reported to the

registered provider. Effective systems of communication and accountability were in place with regular, minuted meetings between senior management and the board. The person in charge explained that systems of supervision were in place, including regular meetings with senior nursing staff, where issues were addressed on an on going basis. The inspectors saw minutes of these meetings with action points identified which were subsequently reviewed for follow-up.

Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Those staff spoken with were found to be committed to providing quality, person-centred care to their residents. Evidence of consultation with residents was available and minutes of regular resident committee meetings were documented. Those residents spoken with explained that they had an opportunity to engage with management in decision making around activities and initiatives at the centre. The relatives and residents spoken with by inspectors provided very positive feedback around their experience of service delivery at the centre. A review of the training matrix indicated that resources were dedicated on a consistent basis to the continuous professional development of staff.

Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency, such as audit procedures. Effective systems in relation to the assessment and investigation of risk were in place. Regular quality assurance reports were also in place. In keeping with statutory requirements, substantial work had been completed around the annual quality review and data in relation to the assessment of service against the standards was available.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***  
***A guide in respect of the centre is available to residents. 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.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
A comprehensive guide outlining the services and facilities of the centre was available to residents. Each resident had a written contract, signed and dated, which had been updated since the last inspection to included details of the overall fees to be paid and services to be provided in relation to care and welfare.

**Judgment:**  
Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge worked a full-time basis and had extensive experience in clinical care. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities. Staff spoken with reported substantial support from the person in charge both in the management of their work and in their continuous professional development.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Up-to-date, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Copies of the relevant Standards and Regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example managing challenging behaviour and responding to emergencies including fire and evacuation procedures.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the Regulations, including fire procedures, emergency plans and records of fire training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as biographical information and relevant contact details.

**Judgment:**  
Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

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

**Findings:**  
Both the provider and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceed 28 days and also the appropriate arrangements for management of the designated centre during such an absence. There had been no such period of absence by the person in charge since having been appointed to the post.

**Judgment:**  
Compliant



**Outcome 07: Safeguarding and Safety**

***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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which had been reviewed on 21 March 2015 and included provisions in relation to allegations against residents, visitors and other persons in a position of trust. All staff had received up-to-date training in safeguarding and safety and those spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

There was no record of any allegations of abuse having been reported.

There was a policy on the operation of residents' accounts and personal property dated 6 October 2014. The centre operated as agent for a number of residents and in these instances robust systems of monitoring and accountability were in place with transactions recorded and counter signed accordingly.

A policy and procedure was in place in relation to managing behaviour that might challenge dated 14 January 2015. Staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour that might challenge. The restraint policy dated 4 November 2013 promoted a restraint free environment with the stated aim that underlying factors be considered and restraint used only as a last resort.

A review of restraint procedures and monitoring records indicated that systems of restraint were consistently reduced over time through the implementation of education, alternative measures, assessment and review. At the time of inspection no lap-belts were in use at the centre and where restraints such as bed-rails were in use appropriate risk assessments had been undertaken and care plans were documented accordingly.

**Judgment:**

Compliant

**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A comprehensive risk management policy was in place dated 13 November 2014 covering the required areas including unauthorised absence, assault, accidental injury, aggression, violence and self-harm. The policy also included arrangements to identify record, investigate and learn from serious incidents. An accident and incident log was seen to be maintained and there were two nominated health and safety officers who managed bi-monthly meetings with responsibility for progressing actions in relation to issues identified by either clinical, kitchen or house-keeping staff. Monitoring systems were in place including daily health and safety audits and an audit of hygiene monitoring charts had been completed on 6 December 2014.

A safety statement was in place dated 28 October 2014 that included an infection control policy dated 10 February 2014. Work routines observed by the inspector were in keeping with good practice and included the appropriate use of personal protective equipment and effective cleaning systems such as colour coded cloths and cleaning equipment. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and well maintained. Sluice rooms were appropriately equipped with hazardous substances securely stored. However, there were instances of commodes being stored in showers or toilets that was not in keeping with effective infection control procedures. Also, a hairdressing sink had been fitted in one toilet area which was not in keeping with infection control standards. A risk register was maintained and included a number of resident specific risk assessments which were reviewed and updated on an ongoing basis. A missing persons drill had been conducted on 28 November 2014.

Records indicated all staff had received up-to-date training in manual handling and fire prevention and protection and those members of staff spoken with by the inspector understood their responsibilities and were able to explain the appropriate responses in the event of an emergency. A comprehensive site-specific emergency response plan was in place dated 4 November 2014. However, evacuation procedures for visitors and residents were not clearly displayed and the building plan displayed for reference was not current. The person in charge took action to address these issues at the time of inspection. All residents had accessible personal emergency plans. An inventory of equipment, and its location, was in place. A daily check of both the fire panel and fire escapes was recorded. Weekly checks of first aid and fire equipment, including the fire alarm test, were documented. Evacuation drills were conducted with an exercise recorded for 11 June 2014 where learning had been identified and a follow-up conducted accordingly on 30 December 2014. On the day of inspection all corridors were clear and emergency exits were unobstructed. Emergency lighting had been tested on 21 April 2015. There was written confirmation by a competent person of compliance with all the requirements of the statutory fire authority.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Medication Management**

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A centre-specific policy was in place dated 13 November 2014 relating to the ordering, receipt, prescribing and storing of medications. A policy on the administration of medicines to residents was also in place dated 13 March 2015. This policy included guidance on the handling and disposal of out-of-date medicine. Medication management audits were in place. The inspector observed a medication round and noted that medication management procedures were in keeping with policy and guidelines on best practice.

Medication prescription sheets were current and contained the necessary biographical information. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A resident photograph was in place for reference. The medication trolley was appropriately stored and secured. The handling of controlled drugs was safe with systems for monitoring and recording administration and stock control in keeping with current guidelines and legislation. The inspector noted that fridge temperatures were being monitored and readings recorded. No prescription records were transcribed by nursing staff.

**Judgment:**

Compliant

**Outcome 10: Notification of Incidents**

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A system for recording all incidents at the designated centre was in place and the person in charge was aware of the requirements to notify the Chief Inspector accordingly. Quarterly reports or nil returns were also provided to the authority as required.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents including an admissions policy dated 1 February 2015 which described procedures for effective assessment of residents admitted to the centre. A sample of care plans reviewed included evidence of comprehensive care planning procedures including a pre-admission assessment undertaken for all residents. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed. There was evidence that care plans were reviewed on a quarterly basis or as assessed needs required, or on request by the resident and family. Additional care plans were in place according to assessed needs around pain management and wound management for example. Residents and relatives spoken with indicated that they were consulted with, and participated in, communication and decisions around healthy living choices including daily activities. Nursing notes were clear and legible with regular entries in keeping with the directions of care plans. Residents had the option of retaining the services of their own general practitioner (GP) and could choose either an on-site visit or attend a clinic if they preferred. Appropriate arrangements were also in place for out-of-hours services. Care plans that were reviewed contained the necessary biographical information and included recorded assessments using standardised tools; referrals based on these assessments were made in a timely manner. The services of allied healthcare professionals were available including a dentist, dietician and occupational therapist. A speech and language therapist and physiotherapist also attended the centre as required. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

**Judgment:**

Compliant

**Outcome 12: Safe and Suitable Premises**

*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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Aras Mhuire Nursing Home was a single storey building located on the grounds of Listowel Community Hospital in Co. Kerry. A number of issues had been identified in relation to premises at the initial registration inspection for this centre. Substantial work had been undertaken and completed in the intervening years to bring the centre further into compliance. Most recently a multi-occupancy room for five people had been removed and the premises had been extended to provide an additional twin ensuite bedroom increasing occupancy from 33 to 35. Additional storage and office space had also been created including a treatment room.

On the day of inspection the centre had 33 residents registered. The premises comprised 17 single bedrooms and nine twin bedrooms, including five ensuites. All bedrooms were equipped with wash-hand basins. Adequate bathroom and toilet facilities were available and appropriately located with separate facilities available for staff including an area for changing and storage. The premises overall were clean and well maintained. There were two communal areas available to residents including one that led directly onto a courtyard area for residents' use. The dining room did not accommodate all residents at a single sitting and residents had a choice of sittings or could also take meals in their room. Residents had safe access to outside recreational areas. Residents' rooms were comfortable and seen to be personalised with individual possessions and memorabilia. The design and layout of the centre was in keeping with its statement of purpose and accommodation included adequate space for the storage of personal belongings. However, on the day of inspection the dimensions of some of the rooms did not meet statutory requirements in terms of usable floor space; the person in charge explained at the time that proposals were in train to address these issues.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage all laundering processes.

Residents had access to assistive equipment as required and staff had received current training in manual handling. Equipment such as wheelchairs and beds were maintained in good working order and servicing records were in place. The premises, overall, was seen to be clean and well maintained.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Complaints procedures**

***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.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A written operational policy, dated 28 October 2014 was in place for the management of both verbal and written complaints. It identified a complaints officer and independent appeals officer as well as proposed time frames for the processing and response to complaints. The procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed prominently at the centre. A summary of this information was also available in the guide for residents and statement of purpose. A record of complaints was maintained which included details of investigations, outcomes and effective and timely communication with complainants. The person in charge operated a practice of also recording issues from residents' meetings in the complaints log to capture learning. Complaints data had been reviewed for audit in the first quarter of 2015.

**Judgment:**

Compliant

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had been the subject of a thematic inspection focusing on end of life in April 2014 and had been found compliant at that time. A centre-specific policy was in place dated 30 December 2014. A record of staff having read and understood the policy was maintained. The policy was comprehensive and provided directions to staff in the provision of care that met the physical, emotional, social and spiritual needs of residents at end of life.

A review of training records indicated that resources were available to support the continual professional development of staff and that staff had been provided with

opportunities to attend training updates on the provision of end of life care. The inspector reviewed a sample of care plans and noted that residents' wishes around spirituality and dying were documented and preferences in relation to end of life had been recorded. The inspector also reviewed the care plan of a resident in receipt of palliative care and noted that appropriate notes were maintained in the communication sheet with regular review by a general practitioner and input by the palliative care team. The records indicated appropriate communication between all health professionals and the individual residents as well as involvement with relatives. Friends and family were facilitated to be with residents at end of life and the person in charge explained that room conversions were underway that would increase the availability of a private room. Staff spoken with understood their duty of care in communicating their observations, and the changes in care needs, of residents to other staff. They also understood assessment as an on-going and proactive process, the outcomes of which should be regularly reviewed with the resident, where possible, and documented accordingly in the care plan. Discussions with residents also indicated that staff were sensitive and provided support to them at times of loss.

**Judgment:**

Compliant

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

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had been the subject of a thematic inspection in April 2014 focusing on food and nutrition and had been found compliant at that time.

A policy was in place for the monitoring and documentation of nutritional intake dated 2 February 2015. Staff attendance at training programmes for dysphagia and nutrition was recorded.

A sample of care plans reviewed indicated residents were nutritionally assessed on admission and subsequently reviewed regularly using an appropriate assessment tool. Fluid and food intake and output charts were maintained and, when necessary, referrals were made to allied healthcare professionals such as an occupational therapist or a speech and language therapist. Oral health was monitored and records indicated referrals were made as appropriate. A menu analysis had been completed by a dietician in November 2014.

The inspectors observed meals being served which were freshly prepared, nutritious and appetising in presentation. Residents were seen to be offered choice around their personal preferences and it was evident this was what they expected and were used to. Residents spoken with were complimentary of the food and pleased with both the

variety and quality. Refreshments were accessible with drinking water readily available; fresh fruit and smoothies were available every afternoon. Where residents required assistance this was provided in a courteous and discreet manner. The inspectors observed that there were sufficient numbers of staff available to meet the needs of residents at mealtimes and the attitude and manner of staff was respectful and attentive. Staff spoken with were familiar with their residents' profile and knowledgeable of their individual needs, likes and dislikes.

The kitchen facilities were in keeping with the requirements of the size and occupancy of the centre. A food safety policy was in place dated 13 November 2014 and an environmental health report from an inspection in October 2014 was available. The inspectors spoke with kitchen staff who were appropriately trained in food hygiene and handling. Effective communication systems were in operation between the kitchen and care staff around the needs of residents with records of dietary requirements documented and maintained.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Arrangements were in place to facilitate residents' consultation and participation in the organisation of the centre including a residents' action committee. Recorded minutes seen from several such meetings indicated that the meetings were often well attended. The inspectors also met with residents who attended the meetings and explained that issues raised were considered by management and actions had been taken to address those raised, for example the installing of alarm calls in the oratory. Residents were seen to enjoy a level of independence appropriate to their assessed abilities. Residents were registered to vote at the centre and arrangements were in place to facilitate voting activity.

There was a memorandum of understanding with an independent advocacy service dated 13 April 2014 and arrangements were in place for a nominated advocate to attend the centre. A dedicated activities co-ordinator delivered a regular programme of activities including music, art classes, baking and organised day trips. Residents had the opportunity to participate in activities of their choice. The inspectors found the atmosphere at the centre was friendly; both residents and relatives spoken with commented positively on the attitude and standard of care provided by staff. A



communication policy was in place dated 28 October 2013 and staff spoken with understood and explained the appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. Recreation plans were in place for individual residents including a 'key to me' guide and activity attendance schedules were maintained and monitored. Inspectors observed a regular attendance of visitors and there was an open visiting policy in place with no restricted visiting times. Suitable visiting facilities were available, both communal and private, and residents could also receive visitors in their rooms. The centre's statement of purpose referenced a commitment to creating an "environment where residents can remain active in their social, religious and recreational activities and connected to their families friends and community" and the inspectors found this commitment to be supported in the care practices demonstrated by staff and management.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions  
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.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A policy dated 6 October 2014 was in place for residents' personal property and possessions. Where the provider operated as an agent for residents the documentation was appropriately maintained with double signatures on transaction records. Residents' individual rooms provided adequate space to store belongings in an easily accessible and secure manner.

Arrangements for the laundering of linen and clothing were in place and appropriate facilities were available for these purposes. Laundry staff spoken with understood appropriate infection control procedures in relation to the segregation of contaminated garments and bed linen. Separate machines were in use for the contents of alginate (water soluble) bags. A formalised system of clothing identification was in place with individual garments labelled to ensure the safe return of items to residents.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Staffing rosters were reviewed and the inspector was satisfied that there was an appropriate number and ratio of staff on duty, of a suitable skill mix, to meet the needs of the residents. An actual and planned rota was available which ensured that a nurse was always on duty, including night duty, at the centre.

A training and development policy was in place dated 27 November 2014. The inspector reviewed the centre's training records which were well organised and accessible.

Records indicated a substantial commitment by management to the professional development of staff and the person in charge was proactive in facilitating staff to undertake training beyond the mandatory requirements, including, for example, human rights in relation to residents with dementia. FETAC certified training had also been completed by the majority of staff. Staff told inspectors that they were actively encouraged and facilitated to attend external training courses.

The centre had an induction policy that included requirements in relation to vetting and a recruitment and selection policy was in place dated 27 January 2015.

The inspector reviewed a sample of staff personnel files in which the requirements of Schedule 2 of the Regulations were met with up to date an Bord Altranais registration in place for all members of nursing staff. Staff competencies were assessed and included an established appraisals system and reviews within 12 months.

**Judgment:**

Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Aras Mhuire Nursing Home
<b>Centre ID:</b>	OSV-0000190
<b>Date of inspection:</b>	27/05/2015
<b>Date of response:</b>	21/07/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Procedures consistent with the standards for the prevention and control of healthcare associated infections were not observed in relation to the storage of commodes.

#### Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published

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

by the Authority are implemented by staff.

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

The construction of a commode storage room is now complete.

**Proposed Timescale:** 21/07/2015

**Theme:**

Safe care and support

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

A hairdressing sink had been fitted in one toilet area which was not in keeping with infection control standards.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The request for a hairdressing sink came from the residents at a residents' meeting. Aware that placing a hairdressing sink in the bathroom would pose an infection control risk advice was sought from the Health Protection and surveillance centre and controls were put in place to reduce the risk. These controls included closing the toilet for use on the one day per month that the hairdresser visits the home. Deep Cleaning the bathroom prior to using the room for hairdressing. Construction of a mobile shelf that rolls in over the toilet to ensure everyone is aware that the toilet is not in use that day. The senior person in charge then inspects the room prior to its use as a hairdressing room. These controls are included in a risk assessment which was placed in the risk register prior to insertion of the sink. Following the advice of the HPSC construction of a hairdressing room has begun as part of a planned extension. As the risk of infection is assessed as being low the controls will continue to be implemented until the new hairdressing room is opened.

**Proposed Timescale:** The hairdressing room will be opened as part of a new extension in January 2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

Three rooms did not meet statutory requirements in terms of usable floor space and did not allow for effective manoeuvring of assistive equipment or free movement around furniture and equipment.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

All rooms now meet statutory requirements.

**Proposed Timescale:** 21/07/2015