



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Nursing Home
Name of provider:	Aras Mhuire Nursing Home Company
Address of centre:	Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	16 June 2021
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0033264

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Aras Mhuire Nursing Home is a registered charity and is operated by a voluntary board of directors. It is a single storey building that was first built in 1971 and is located on the grounds of Listowel Community Hospital in Co. Kerry. Residents are accommodated in twenty two single bedrooms and eight twin bedrooms, eight of which have en suite facilities. There is a conservatory at the main entrance, a large sitting room, a relaxation room and a visitors' room. There is also a small oratory that residents can use for prayer or for periods of quiet reflection. There are two secure outdoor areas, both of which are readily accessible to residents. The centre is registered to accommodate 38 residents and provides 24-hour nursing care to residents that are predominantly over the age of 65 years. The centre does not provide a respite service and most residents are long-stay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 June 2021	09:30hrs to 17:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was a well established centre, where residents were supported to enjoy a good quality of life, by staff who were kind and caring. The inspector met with a number of residents throughout the day, and spoke in more detail with eight residents, in their rooms and in communal areas. There was a warm and welcoming atmosphere in the centre and staff and resident interactions were respectful and empathetic. Staff knew the residents well, and were familiar with the residents' daily routines and preferences, for care and support. Staff were very committed in the provision of personalised high quality care to residents and residents spoken with reported that they enjoyed living in the centre.

The inspector observed that there were effective controls in place to minimise the risk of inadvertent introduction of COVID-19 by visitors. Residents and staff were also monitored for signs and symptoms of COVID-19, with temperatures being recorded twice per day in line with the current Health Protection Surveillance Centre (HPSC) guidance. Visiting was taking place throughout the day, on a risk assessed basis, and social distancing was maintained. Residents expressed their happiness at being able to see their family again. Visitors spoken with told the inspector they were happy with the care their loved ones received.

The designated centre was located in a domestic style one story bungalow, which had been extended. The building provided accommodation for 38 residents and there were 37 residents living in the centre on the day of the inspection. Accommodation was provided in 22 single rooms and eight twin rooms. Eight bedrooms had en-suite facilities. There were sufficient communal showers and bathrooms for those residents who did not have en-suite facilities. The inspector observed that some of the bedrooms required painting as the paintwork was scuffed, particularly doors and skirting boards. The inspector was informed that there was a plan in place for upgrades to the premises, which included painting and new curtains, in the rooms identified. Some single bedrooms, although they met the requirements of the regulations, pertaining to size, were small and may not provide sufficient room if a resident required specialised equipment. The person in charge informed the inspector that this was assessed on an individual basis, and residents were allocated appropriately following assessment. The inspector observed that some residents bedrooms were very personalised, and they had brought furniture in from home, such as beds, memorabilia, pictures and chests of drawers.

The management and staff took pride in the centre, and worked hard to provide an environment that was relaxed and comfortable. Communal rooms were nicely furnished, laid out in a homely style, and arranged to promote social distancing, whilst retaining a friendly, social atmosphere. Residents had access to two enclosed garden areas, and there was outdoor furniture provided for residents use. Residents spoke of enjoying spending time in these areas during nice weather. These areas were easily accessible to residents.

There were two activities coordinators working on the day of this inspection and they provided activities for residents throughout the day. The centre had their own bus, which residents utilised for days out. Feedback about this facility was extremely positive, and resident told the inspector that they loved taking trips out to their home place and visiting local attractions around Kerry such as Ballybunion beach and Muckross House. Resident were looking forward to the summer months, and getting out on local trips.

On the day of the inspection, the inspector observed staff engaging in kind and positive interactions with the residents. Communal areas were supervised at all times, and call bells were observed to be attended to in a timely manner. Staff who spoke with inspectors were knowledgeable about the residents and their needs. Residents who chose to stay in their bedrooms were checked regularly. Staff knew the residents well, and were knowledgeable about the levels of support and interventions that were needed, to engage with residents effectively. Staff demonstrated genuine respect and empathy in their interactions with residents and, as a result, care was very person centred.

Residents commented positively about the quality and variety of food they were offered. Menus were displayed on tables and residents told the inspector that there was always choice at meal times, and that they were given adequate quantities of food and drinks throughout the day. Some residents were observed eating independently, while others were being assisted by staff in a calm and professional manner. The inspector had the opportunity to attend a residents meeting, which was scheduled for the day of inspection. The meeting was well attended and chaired by a resident. Resident were encouraged to give feedback about all aspects of care they received in the centre, and discuss any suggestions they had. There was a clear emphasis on improving the quality of life for residents.

In summary, this was a good centre that residents called home. There was a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a well-governed centre. The inspector found that overall the governance and management of the centre was robust, and ensured that residents received good quality, safe care and services. This was an unannounced one day risk inspection, to monitor compliance with the regulations. The last inspection of this centre had been in June 2019. The provider was committed to a process of quality improvement and the promotion of a resident led service.

The registered provider for Aras Mhuire Nursing Home is Aras Mhuire Nursing Home

Limited, which is a voluntary body. There are ten directors of the company, including the registered provider representative, who was present on the day of inspection. The centre has a good history of compliance with the regulations. The centre had sufficient resources, to ensure the effective delivery of care, in accordance with the statement of purpose, and to meet residents' individual needs.

The management structure was clear. Care was directed through the person in charge, who was supported by an Assistant Director of Nursing, a Clinical Nurse Manager and a team of nurses, health care attendants, domestic, household and catering staff. Staff were aware of their roles and responsibilities. There was evidence of weekly meetings between the provider representative and the management team, where human resources, finance, residents needs, and key performance indicators were discussed. The inspector saw that issues identified were actioned without delay.

A review of the staffing roster, and the observations of the inspector, indicated that there were adequate numbers and skill mix of staff to meet the needs of residents. Supervision arrangements were in place for new and existing staff, and there was a comprehensive induction programme. Staff training had been enhanced in response to the COVID-19 pandemic in infection control practices. A COVID-19 contingency plan was available, as well as a COVID-19 resource folder for staff, to access current HPSC guidance. There was evidence that staff received training appropriate to their roles. Mandatory training for all staff was up to date and being monitored by management.

There were effective governance arrangements in place, to promote positive outcomes for residents, and provide a service that was resident led. The quality and safety of the service was being monitored through a comprehensive programme of audits and associated action plans. The inspector found that this information was used to ensure a sustainable and continuous quality improvement programme in the centre. The results and learning from these audits were disseminated to staff via staff meetings.

There were systems in place to manage critical incidents in the centre. A review of the incident log indicated that each incident was reviewed and actions were taken to minimise the risk of recurrence. There was a robust complaints management system in place, which was being monitored by the person in charge. There was clear evidence of changes being discussed and implemented as a result of resident feedback, surveys and complaints investigations.

In summary, it was evident on inspection of Aras Mhuire Nursing Home that there was good leadership, governance and management arrangements in place which had a positive impact on the quality of life of residents.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and

qualifications as required in the regulations. She demonstrated good knowledge regarding her role and responsibility, and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences and the importance of delivering individualised care.

Judgment: Compliant

Regulation 15: Staffing

A review of the staff roster, and the observations of the inspector, indicated that there were adequate numbers and skill mix of staff on duty on the days of the inspection. Staff were seen to be kind and caring and all interactions by staff with residents were conducted in a respectful manner. The management team assured the inspector that staffing levels were reviewed on a frequent basis, to ensure they were adequate to meet residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training was provided to all staff, and was being monitored by the management team. There was evidence of a good system of induction, with a comprehensive induction checklist, completed and signed by the new staff member and countersigned by management. Annual appraisals were taking place on a routine basis and also as required, to ensure appropriate supervision and development of staff.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3 and 4 of the regulations were stored securely. A sample of personnel records reviewed by the inspector were well organised, and the majority contained all of the information required by the regulations, such as copy of Garda vetting disclosures, employment references and comprehensive employment histories. One staff file had two references, however, one was not from the most recent employer, as per the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, this was a well managed centre. There were sufficient resources to ensure that care and services were provided in accordance with the centre's own statement of purpose. The inspector saw evidence that the quality and safety of care provided to residents was being monitored and there was a commitment to on-going improvement and quality assurance. This was through monthly collection of key clinical performance indicator data on falls, medication management, weight loss, respiratory infections, skin integrity and malnutrition. Audits were the responsibility of all nursing staff and there was evidence of a comprehensive audit schedule. An annual review for 2020, had taken place which reflected the residents views on the quality of care they received.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre. Based on a review of incidents the inspector was satisfied that notifications were submitted as required by the regulations to the Chief Inspector. There was also evidence of learning from incidents to improve quality of care.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with relayed that they could raise issues with staff and that issues would be dealt with in a timely manner. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, residents received a very good standard of service. Residents' health, social care and spiritual needs were well catered for. Management and staff had strived to ensure residents received a safe and quality service, where their self-care abilities

and potential was maximised.

Residents had access to choice of general practitioner (GP), and there was evidence of regular review. The inspector found that care was person-centred, and that residents' rights were upheld. Residents were supported to make choices about their daily lives in the centre and their independence was promoted. This was a particular strength of the service, and the inspector found that risks such as falls risks were well managed, to ensure that the resident's need for independence was balanced with their ability to keep themselves safe.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. On admission, residents were comprehensively assessed, and these assessments formed the basis of care plans to guide care for each resident. A sample of care plans were reviewed by the inspector found that they were comprehensive, and could easily direct care delivery. End of life care plans indicated there was appropriate assessment of the physical, psychological and spiritual needs of residents.

Overall, the premises was laid out to meet the needs of the residents, however, some areas required attention and upgrade. Some further improvements would have a positive impact on the quality of life for residents. The inspector was informed that there was a plan in place for the completion of this work and other maintenance work and redecorating work in the centre.

Staff demonstrated good practices in relation to infection prevention and control. These included safe hand hygiene practices and wearing personal protective equipment, in line with the current guidance. Overall, the infection control practices and oversight of same were good. There were good local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance. Cleaning staff were well informed about procedures to be followed.

There was a contingency plan for dealing with a COVID -19 outbreak, which had been communicated to staff and a risk assessment for COVID-19 had been completed. The centre had not experienced an outbreak of COVID-19 to date and had comprehensive measures in place to minimise the impact of any future COVID-19 outbreaks. There were systems in place to minimise the risks associated with fire and the provider was in the process of upgrading fire systems as per recommendations of a fire expert.

Visiting arrangements were in line with recommended guidance. There were two designated visiting rooms. The person in charge ensured that relatives were communicated with since the COVID-19 global pandemic began. There were electronic tablets and WiFi access to enable video calls. Residents views regarding how the centre is managed were obtained via regular meetings. Residents were encouraged to give feedback about their care and services. Resident satisfaction surveys were carried out. Results from the most recent survey were seen by the inspector and showed high levels of satisfaction amongst the residents.

Regulation 11: Visits

Each resident had a visiting care plan that was created with their input. It detailed residents wishes and gave them choice. Visits were well managed, in line with the current HPSC guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The provider had ensured that there were suitable private and communal areas available for the residents to receive their visitors.

Judgment: Compliant

Regulation 13: End of life

A sample of care plans reviewed showed that there was ongoing evaluation and updating of residents' end of life care wishes to ensure that care and support was in accordance with their personal wishes and preferences. There was also documentary evidence of consultation with residents' families, which formed part of the care approach. There was involvement of the community palliative care team, if required, in conjunction with the general practitioner.

Judgment: Compliant

Regulation 17: Premises

The premises was generally homely and comfortable for residents, with suitable communal space and suitable outdoor space. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs, in a comfortable and homely way. However, some areas of the premises required review, for example:

- some bedrooms required painting, as there were areas of chipped paint around doors and skirting boards. The inspector was informed that there was a plan in place for painting work to be complete in the coming weeks.
- the storage of equipment required review, this was initiated on the day of inspection.
- the surfaces of some furniture was cracked.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the infection prevention and control processes in the centre were consistent with the standards for the prevention and control of health care associated infections. Infection control training was provided to all staff and frequent hand hygiene and mask wearing audits were undertaken. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Cleaning hours had been increased daily and cleaning procedures were updated in response to the global pandemic. Training was ongoing, and the centers housekeeping staff were seen to be competent in decontamination cleaning and general infection control measures.

Judgment: Compliant

Regulation 28: Fire precautions

Certification was evidenced regarding fire safety equipment, and daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Floor plans identifying zones and compartments were displayed. Fire safety training was up to date for all staff. Training records evidenced that drills were completed, cognisant of night time staff levels. Personal emergency evacuation plans (PEEPS) were in place for all residents and residents were involved in the fire evacuations and fire safety.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were personalised and sufficiently detailed to direct care. Comprehensive nursing assessments were in place, using a range of validated tools to assess risk of developing pressure ulcers, weight loss, and falls. They were reviewed three monthly, or if there were changes to a residents condition. Appropriate interventions and treatment plans were implemented and reviewed.
Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities to individual residents.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' healthcare needs of residents were met, and they had access to appropriate medical and allied healthcare services. There was evidence of regular access to medical staff, and residents were regularly reviewed. Access to allied health was evidenced by regular reviews by the physiotherapist, dietitian, speech and language and podiatry as required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were observed to be respected and facilitated in the centre. Staff were observed to ask the resident's consent when attending to their needs. Residents were observed to exercise choice throughout the day of inspection. There was evidence of on-going consultation with residents via meetings. Minutes of meetings were recorded and there was evidence that issues raised by residents, such as menu suggestions were actioned. The inspector spoke with the activities coordinator in relation to her role, and it was established that there was a comprehensive programme of appropriate activities. Care was person centred and residents' rights were upheld. Residents were supported to maintain their links with family and friends and their local community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhuire Nursing Home OSV-0000190

Inspection ID: MON-0033264

Date of inspection: 16/06/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: We remain unable to obtain a reference from one employee's most recent employer as the business is no longer open. However a note to this effect has been placed in the employees file.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A bedroom redecoration programme commenced in February 2020. 15 bedrooms had been redecorated by the inspection date. The remaining 14 bedrooms will be completed by 1.12.21.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	01/12/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant		20/07/2021