



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:	14 July 2026
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0051079

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 eight single bedrooms and six 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 40 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:	40
--	----

How we inspect

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
Tuesday 14 July 2026	09:30hrs to 15:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector met with the majority of the 40 residents living in the centre and spoke with six residents at length to gain an insight into their lived experience. Residents said that they were happy living in the centre and that they were supported by caring and kind staff, who respected their opinions and choices.

Several residents informed the inspector that staff went above and beyond to mark special occasions, such as birthdays and anniversaries. Residents described how these events were celebrated with thoughtful gestures, including gifts, cards and cakes, which contributed positively to their overall experience and sense of belonging.

Several residents also described how staff supported them to remain connected with their local community, family and friends by facilitating and supporting attendance at music events and other social outings. One resident told the inspector that this support meant they could continue to 'live my life like I want to'. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared appropriately dressed and well-groomed.

The inspector also spoke with two relatives who were visiting on the day of the inspection. They were very complimentary in their feedback and expressed satisfaction about the standard of care provided to their relative. The atmosphere in the centre was observed to be relaxed, welcoming and sociable throughout the day of the inspection. The inspector observed many residents engaging in good natured banter, chatting, laughing and interacting comfortably with staff and each other.

It was a warm sunny day and residents were offered regular drinks and refreshments, with ice cream provided during the afternoon. The centre was well ventilated, with fans in use in some areas to promote air circulation and maintain resident's comfort.

The outdoor courtyard was well maintained and readily accessible, making it easy for residents to go outdoors independently or with support, if required. Residents also had access to a well-maintained sensory garden. This space provided a tranquil environment where residents could relax, enjoy nature and spend quiet time outdoors.

The centre comprised 28 single bedrooms and six twin bedrooms. Eleven of the bedrooms had access to en-suite facilities, and the remaining residents had access to five communal toilets and four communal showers. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. Lockable storage space was available and personal storage space comprised of a bedside locker and wardrobes. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

While the centre generally provided a homely environment for residents, it is an older building and some areas required refurbishment. For example, space was limited within some single bedrooms, relatively few bedrooms had en-suite bathroom facilities and the flooring in several bedrooms was worn and required replacement.

The registered provider had developed plans for an extension and a program of renovation works to address these issues and planning permission had been sought. Pending these longer term improvements, the provider continued to maintain the existing centre to an acceptable standard. Maintenance issues were logged and addressed on an ongoing basis and works, including the replacement of flooring in several areas, had been completed.

Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean.

Ancillary areas were also generally well-ventilated, clean and tidy. The kitchen was clean and of adequate in size to cater for resident's needs. Residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. Residents were very complimentary of the home cooked food and the dining experience in the centre.

The infrastructure and equipment in the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Staff also had access to dedicated housekeeping rooms for storage of cleaning trolleys and equipment.

The sluice room was clean, tidy and equipped to support effective decontamination. The inspector was informed that a second bedpan washer had been ordered to provide contingency arrangements should one machine become unavailable, supporting the continuity of safe decontamination processes.

Hand hygiene facilities supported effective hand hygiene. Conveniently located, alcohol-based product dispensers were readily available on corridors and in bedrooms. Clinical hand washing sinks were located on each corridor within easy walking distance of bedrooms.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013.

Capacity and capability

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents. High standards of infection prevention and control were also evident, with effective systems in place to monitor and sustain practice. However, further action is required to be fully compliant with Regulation 27; Infection control. Where areas for improvement were highlighted, management were responsive to addressing these in a timely fashion.

Áras Mhuire Nursing Home Company is the registered provider of Áras Mhuire Nursing Home. The company is a registered charity with a board of 10 directors who work in a voluntary capacity. The board of management included all directors and the person in charge.

The person in charge worked full time in the centre and was supported by an assistant director of nursing, a clinical nurse manager, a team of nurses and healthcare assistants, catering, housekeeping and administration staff.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

The inspector was informed that there was a relatively low staff turnover within the centre. Several staff members expressed high levels of job satisfaction and told the inspector that they enjoyed working in the centre. This was indicative of positive working conditions, high staff morale, and a supportive environment. It also provided continuity of staff which promoted consistent, high quality care for residents.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The provider had nominated the assistant director of nursing to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. This person demonstrated a commitment and enthusiasm for their role.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. A schedule of infection prevention and control audits was in place. Audits covered a range of topics including hand hygiene, use of personal protective equipment (PPE), equipment and environmental hygiene, laundry, waste and sharps management. The high levels of compliance achieved in recent audits was reflected on the day of the inspection.

Management maintained oversight of key infection prevention and control indicators through the routine collection and review of clinical data. This included monitoring urinary tract infections, respiratory infections, multi-drug resistant organisms (MDROs), clinical specimens submitted for laboratory testing and antimicrobial use. This information supported the identification of trends and informed ongoing infection prevention and control measures.

However, a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify two residents that were colonised with Extended Spectrum Beta-Lactamase (ESBL). Details will be discussed further in the quality and safety section of this report.

The provider demonstrated good oversight of the premises, with areas requiring upgrading and maintenance identified and scheduled for refurbishment as part of a extensive planned programme of building works and renovations.

A number of assurance processes were also in place in relation to the standard of environmental hygiene. These included color coded cloths and mops to reduce the chance of cross infection. Cleaning records viewed confirmed that bedrooms and communal areas were cleaned each day and all bedrooms were deep cleaned each month.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that all staff had received mandatory infection prevention and control and antimicrobial stewardship training and induction.

A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner. There had been three outbreaks of a notifiable infections in 2026 to date. While it may be impossible to prevent all outbreaks, the general low levels of transmission and short duration of the outbreaks indicated that early identification and effective management of the outbreaks had contained and limited the spread of infection.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of

staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. All staff had received mandatory infection prevention and control training.

Infection prevention and control and antimicrobial stewardship training was included on the staff induction programme.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control audit, surveillance and monitoring of clinical indicators.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of all outbreaks as set out in paragraph 7(1)(d) of Schedule 4 of the regulations, within two working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. It was evident that residents were at the centre of the service. Residents lived in an unrestricted manner according to their needs and capabilities and both staff and management promoted and respected their rights and choices. There was a focus on social interaction and residents had daily opportunities to participate in group or individual activities.

The centre adopted an open visiting policy for residents during the day. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents had access to appropriate medical and allied health care support to meet their needs. There was evidence of access to medical practitioners through residents' own GPs and out-of-hours services when required. Residents also had access to other health and social care professionals such as speech and language therapy, tissue viability, dietitian and chiropody. In house physiotherapy was also available twice a week supporting residents ongoing mobility and rehabilitation needs.

The person in charge told the inspector that they had commenced the implementation of the national Residential Older Persons Early Warning System. This is an early warning system to assist staff recognise and respond appropriately to clinical deterioration in older people (aged 65 years or older) in long-term residential care settings.

The inspector focused on resident's elimination (urinary catheter) and wound care plans. Residents were actively supported to participate in the creation and review of their care plans, with their involvement tailored to their cognitive and physical abilities. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

Incidence of urinary tract infections (UTIs) were actively monitored and staff had taken a proactive approach to reduce the rate of infection. This included prescribing a combination of urinary health supplements as part of a preventative approach to reduce the frequency of recurrent UTIs.

The volume of antibiotic use was also monitored each month. This enabled staff to monitor treatment effectiveness and supported traceability in prescribing practices for individual residents. This information was routinely analysed to identify overall trends and detect increases in the incidence of infection. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

Antimicrobial audits were undertaken and areas for improvement were identified and actioned. For example, a greater emphasis was placed on obtaining clean urine samples for testing to avoid contamination and unnecessary antibiotic prescribing.

Overall, the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The general environment

and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

The provider had a Legionella management programme in place. Water samples were routinely taken to assess the effectiveness of local Legionella control measures.

The inspector observed many examples of good practice in the prevention and control of infection. Waste and used linen was segregated in line with best practice. Equipment was clean and well maintained. Appropriate use of personal protective equipment (PPE) was observed over the course of the inspection.

Management demonstrated a strong track record in outbreak management. The inspector reviewed the most recent outbreak report and found that management demonstrated effective oversight of the outbreak, responding promptly and effectively to minimise the risk to residents, staff and visitors.

Notwithstanding the many good practices observed, specimen storage and sharps management practices did not support effective infection prevention and control. These findings are detailed under Regulation 27; Infection control.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013. The general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

Although elements of the premises required upgrading and maintenance, these had been identified by the management and were due to be addressed through a

planned programme of refurbishment and building works. The general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1), including infectious diseases.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. This was evidenced by;

- A dedicated specimen fridge was not available for the storage of microbiology samples awaiting collection. This may impact the viability of the samples that require refrigeration
- A range of safety engineered needles were not available. The inspector saw evidence that used needles were recapped after use. Inappropriate use of sharps increased the risk of needle stick injury.
- Accurate surveillance of MDRO colonisation was not undertaken. Staff were unaware of two residents with a history of ESBL colonisation. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours

after the resident's admission to the centre and reviewed at intervals not exceeding four months. Care plans reviewed were sufficiently detailed to guide staff in the provision of person-centred care.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including tissue viability, speech and language therapy, dietitian, and physiotherapy as appropriate.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was observed to be resident-centered, with resident's rights, preferences and choices underpinning the delivery of care. Staff were seen to treat residents with dignity and respect and supported them to make choices about their daily lives, promoting independence and individual preferences wherever possible.

Residents confirmed that they could choice to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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-0051079

Date of inspection: 14/07/2026

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The following actions have been completed to address the findings identified during the inspection and to bring the centre into full compliance with Regulation 27: A dedicated specimen refrigerator has been purchased and is now in place for the appropriate storage of specimens awaiting collection. A range of safety-engineered needles has been purchased and made available for staff use. Staff have been reminded of appropriate sharps management practices, including that needles must not be recapped following use. All staff are now aware of all MDRO care plans and the location of the MDRO register. These measures have been implemented to strengthen specimen storage, sharps safety and staff awareness of MDRO-related infection prevention and control measures within the centre.	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	10/08/2026