



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:	25 April 2023
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0039978

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:	38
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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
Tuesday 25 April 2023	09:30hrs to 18:30hrs	Ella Ferriter	Lead
Tuesday 25 April 2023	09:30hrs to 18:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

On the day of the inspection the inspectors observed that residents were supported to enjoy a good quality of life in Aras Mhuire Nursing Home, by staff who were kind and caring. Overall, the feedback from residents was that they were happy with the care provided by staff and they were content living in the centre, which was homely and welcoming. One resident told the inspector that you "couldn't meet nicer people than the ones that work here" and stated they "would give the care top marks". The inspectors also had the opportunity to meet with two visitors who praised the care their loved one received.

The inspectors arrived to the centre in the morning unannounced. Following an introductory meeting with the assistant director of nursing, the inspectors were accompanied on a tour of the premises. Aras Mhuire Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in the town of Listowel in North Kerry. It is a single storey facility which had been extended on occasions, to reach its current capacity 38 residents. The centre was full on the day of this inspection.

Registered bedroom accommodation in the centre comprises 26 single bedrooms and six twin bedrooms, with eight of these bedrooms having en-suite facilities. The inspectors saw that there were adequate shared communal bathrooms located throughout the premises, to meet the personal hygiene needs of residents, accommodated in the centre. The inspectors observed that some single bedrooms in the centre, due to the layout, may not provide sufficient room if a resident required specialised equipment, such as a hoist. Inspectors acknowledged that these rooms met the requirements of the regulations, pertaining to size. The management team informed the inspectors that occupancy of these rooms were assessed on an individual basis, and residents were allocated accommodation appropriately following an assessment of their needs.

Inspectors saw that some areas of the centre, including shower facilities for residents, staff facilities and an additional en-suite bedroom had been constructed since the previous inspection. There were also two portable cabins to the back of the premises, which were used staff facilities and storage of equipment. The inspectors reviewed these areas, in terms of compliance with the premises, in response to the application to vary the registration of the centre, as outlined in regulation 4.

The inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents appeared well dressed and groomed in their own personalised styles. Residents told the inspector they were listened to by staff and that staff were always good to them and gave them time. Communal rooms within the centre were well supervised and residents were responded to promptly when they called for assistance. Many of the staff inspectors met with had worked in the centre for over ten years, and spoke positively about their work and

the enjoyment of meeting the residents daily.

The inspectors saw that the premises had undergone some refurbishment since the previous inspection, such as painting of corridors, artwork on walls and some new furniture. However, the inspectors observed that there were aspects of the premises that were not maintained in a satisfactory state of repair such floor coverings, damaged bedroom walls and damaged skirting boards. This is actioned under regulation 17. On the walk around inspectors also observed that some areas of the centre such as sinks and floors were visibly not clean, which is further detailed under regulation 27.

It was evident throughout the day that residents exercised choice with regard to their life in the centre such as when to get up and where to have their meals. Some residents enjoyed attending the dining room other residents preferred to have their meals in their room. Residents spoke positively about the choice and quality of food provided to them. Two residents told the inspectors how they were encouraged and supported to go on days out with family and friends.

The majority of residents were observed to spend their day in the communal rooms, where activities were ongoing throughout the day. The inspectors saw that there was varied activities programme in place and there were two staff members allocated to the role of activity coordinators, on a daily basis. Residents participated in a game of cards, a SONAS session as well as one-to-one sessions on the day of this inspection. Activities staff were available to residents until 21:00hrs, which residents told inspectors was very beneficial as there was always something to partake and it was evident that it had a positive impact on residents quality of life.

Arrangements were in place for residents to consult with the management team via monthly residents meetings, chaired by a resident. Residents were provided with access to local and national newspapers and were provided with access to telephone and Internet services if they wished. It was evident that residents' rights were protected and promoted in the centre and individuals' choices and preferences were seen to be respected. Some residents in the centre had been allocated personal assistants, which supported them to live more independently and engage with the community.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

The inspectors found that overall Aras Mhuire Nursing Home was a well-managed centre where residents were supported and facilitated to have a good quality of life and were in receipt of a high standard of care by staff that were responsive to their

needs. However, some further improvements were required to achieve regulatory compliance in relation to fire safety, infection control, records and the premises. The provider had also applied to vary two conditions of the centres registration and this inspection would inform the decision making process.

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 limited company. The centre was found to have an effective management structure where lines of accountability and authority were clearly defined. From a clinical perspective care is directed via an appropriately qualified person in charge who reports to a representative of the company. The person in charge was supported within the centre by an assistant director of nursing, two part time clinical nurse managers and a team of nursing, care and support staff. On the day of the inspection inspectors found that there were adequate resources, in terms of staffing, to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs.

The provider had systems in place to monitor the quality and safety of the service provided to residents. Information arising from complaints, incidents and resident feedback was used to inform service improvements. Clinical and environmental audits were carried out on a scheduled basis. However, monitoring of fire precautions, the premises and infection prevention and control required further action, which is detailed under regulation 23 and in the quality and safety section of this report. The inspectors saw that a comprehensive annual review of the quality and safety of care and support in the designated centre had been undertaken for the year 2022, as per regulatory requirements.

There was an induction programme in place to support staff in the provision of safe and effective care to the residents. Staff had the required skills, competencies and experience to fulfil their roles. Staff had access to education and training appropriate to their role. Training was well monitored within the centre by the management team and mandatory training as per the centres policy was up-to-date. Staff with whom the inspectors spoke were knowledgeable of residents and their individual needs.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. The inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. However, the inspectors were not assured that all records were securely stored, as per regulatory requirements, which is further detailed under regulation 21.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary two of the centres registration conditions. The appropriate fees were paid and the necessary documentation had

been submitted. The application reflected changes to condition one, the registered footprint of the centre, due to reconfiguration of internal staff facilities, a residents shower room, a cleaning store and construction of a new single bedroom. The provider had also applied to vary condition three and increase the centres maximum occupancy by two residents, with the additional single room and registration of a previous room identified for isolation, to be included in the centres registered beds.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and from observations of the inspectors it was evident that the current staffing levels and skill-mix were adequate to meet the assessed needs of the residents. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to training and all staff were up to date in their mandatory training requirements. There were satisfactory arrangements in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Judgment: Compliant

Regulation 19: Directory of residents

The provider was maintaining a directory of residents and on review it was evident it contained all information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Inspectors found that the management of records was not in line with the

regulatory requirements. In particular, some records were observed to be stored in an unsecured manner in the portable cabins, to the back of the centre. The inspectors acknowledge that the management team addressed and rectified this on the day of this inspection, however, improved monitoring of the centres record storage systems would be required.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Although there were a number of good management system in place some management systems were not sufficiently robust and required action to ensure the centre delivered appropriate, safe and consistent care to residents. Issues identified that required action were:

- further fire precautions were required to ensure that residents were protected from the risk of fire, as detailed under regulation 28.
- oversight of the premises and the storage of residents records, to ensure they were compliant with the requirements of regulations, as detailed under regulation 17 and 21.
- there was inadequate oversight of the cleaning procedures and the quality of environmental hygiene. Some areas of the centre documented as cleaned were not visibly clean on inspection, as detailed under regulation 27.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements. These policies were available to staff in the centre.

Judgment: Compliant

Quality and safety

Overall, findings of this inspection were that residents health and welfare was maintained to a high standard of evidenced-based care. Residents reported that they received good care and support from staff and they felt safe living in the centre. However, action was required to ensure residents safety with regard to fire precautions, infection control and maintenance of the premises, which are further detailed under the relevant regulations.

A review of residents' records found that there was regular communication with the residents' general practitioner, regarding their healthcare needs. Arrangements were in place for residents to access the expertise of allied health and social care professionals for individualised assessment and recommendations were implemented and reviewed frequently, to ensure care plans was effective. A review of a sample of resident care files found that assessments and care plans were completed within 48 hours of admission and reviewed four monthly, as per regulatory requirements. Care plans reviewed were person-centred and provided evidence-based guidance to support the current care needs of the residents.

In relation to fire precautions, the registered provider had previously engaged an external fire consultant to review fire safety to inform the centres fire safety risk assessment. A programme of work had emerged from this assessment and the provider was working through the actions required. Recommendations regarding the provision and upgrade of fire compartment boundaries was complete and sign off from the competent person was issued to verify this. The emergency lighting, fire alarm system and fire fighting equipment were serviced and up-to-date with appropriate records in the fire safety register. There was also maintenance records for the boilers, gas installation, kitchen extract duct cleaning, and hoist and slings.

Simulated fire evacuation drills were completed and included learning outcomes, areas for improvements and the time taken to evacuate a fire compartment. This was compared against the providers own target time for evacuation. Staff spoken to were knowledgeable and their response reflected the evacuation strategy in place. However, additional fire safety risks were identified on this inspection which are further detailed under regulation 28. The inspectors acknowledge that the provider responded swiftly to put plans in place to address those risks when identified.

The provider was promoting a restraint free environment. There was a policy in place to provide guidance to staff on the management of responsive behaviours and all staff in the centre had training in responsive behaviour. The centre had a very low use of restrictive practices and there were no residents using bedrails on the day of this inspection. Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address

identified needs.

Regulation 12: Personal possessions

Each resident has adequate space to store and maintain their clothes and personal possessions. Residents clothes were laundered on site and residents told the inspectors they were satisfied with the laundry services in the centre.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure that the premises conformed with Schedule 6, which included the following:

- privacy curtains in two bedrooms were not aligned to ensure residents had privacy within their bed space.
- the layout of one bedroom did not assure that residents had access to their personal belongings and wardrobe space.
- the layout of televisions in some twin rooms did not assure that each resident had access to the television.
- some areas of the centre required to be painted such as bedroom walls and door frames.
- a recently converted housekeeping room did not have a sink installed, which is a regulatory requirement.
- a radiator cover in the dining room was observed to be broken.
- garden furniture required painting and some areas of the garden were in need of cleaning.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation. Residents also had access to inspection reports and the centres annual review. These were all stored in the conservatory/visitors area.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the Authority. This was evidenced by:

- some areas of the premises on observation were visibly not clean such as sinks and floors, which increased the risk of cross infection.
- the layout of the on site laundry did not support the functional separation of the clean and dirty phases of the laundering process. For example staff had to pass through the dirty area to dry clothes, due to the location of drying facilities.
- some clinical sinks in the centre did not comply with the recommended Health Building Note 00-10: Part C standards.
- some fabric chairs in use by residents, were observed to be stained.
- the dirty utility room had some wooden surfaces that were porous, therefore, could not be cleaned effectively. The management team informed inspectors that there were plans in progress to refurbish these areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the work already completed and the proactive response to the findings of this inspection, further action is required to ensure the safety of residents living in the centre as outlined below;

Improvements were required to ensure adequate precautions against the risk of fire:

- there was an electrical panel within a twin bedroom creating a risk of fire. The provider had enclosed this within an electrical panel, however it was still a risk to the residents. The provider provided assurance that this would be addressed within a short time frame.
- an oxygen cylinder was inappropriately stored in a room with combustible items and a printer.
- the nurse station was open to the bedroom corridor and contained storage. Where a nurse station is open to a bedroom corridor, it should not be used for storage, unless it is enclosed in fire rated construction.
- charging dock for hoist batteries were not secured to the wall, so batteries were being charged loose on the worktop creating an unnecessary fire risk.
- the emergency response plan had not been updated with changes to the evacuation strategy.

The means of escape required improvement:

- the locking mechanism on the door to the ensuite, which was the alternative escape route from one bedroom, through the en-suite to an external exit, required review, to ensure the door could be easily open, in the event of a fire.
- externally, some routes were not suitable for evacuation aids or residents who experienced mobility impairments. For example, the route to the assembly point included crossing a stone chipped route and another had narrow paving slabs.
- the external escape routes were not provided with adequate emergency lighting, to guide residents and staff towards the assembly points.

The arrangements in place for evacuating residents were not adequate:

- ski sheets were being used for some residents as their evacuation aids. However, these were being used without being fitted to the mattress. Inspectors were informed that this was due to the configuration of the smaller rooms and limited space available. While this strategy was tested in simulated drills, the inspectors were concerned that this practice may lead to injury. Assurances were provided on this following the inspection.

The arrangements for maintaining fire equipment required improvement:

- while there was an ongoing programme of upgrade works to fire doors in the centre, maintenance was required to some fire doors to ensure they were effective to contain fire. For example, screws were missing to some hinges and gaps were observed.
- the closing device to the dining room doors required adjustment to ensure they close in the correct order.

Action was required to ensure adequate containment of fire:

- fire doors to bedrooms were not fitted with smoke seals to prevent the spread of smoke.
- the fire door to the prayer room was not fitted with an automatic self-closing device.

Action was required to ensure adequate detection of fire and giving warning of fire:

- a cleaners store was not fitted with fire detection.

The registered provider provided assurance following the inspection that the identified fire safety risks would be actioned.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans were completed and maintained to a high standard. A review of resident care documentation found that each resident had a comprehensive assessment of needs completed on admission. Validated assessment tools were used to identify individual residents risk's such as the risk of malnutrition, impaired skin integrity and falls. The outcome of assessments were used to inform the development of the resident's care plans.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways an access to allied health and social care professionals. There was a very low incidence of pressure ulcer development in the centre and there were no residents being treated for pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre promoted a restraint free environment and there were no residents using bed rails on the day of this inspection. Staff were up-to-date with training to support residents who had responsive behaviours. Residents needs in relation to relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs. The inspectors observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

The provider did not act as a pension agent for any residents on the day of this inspection. The inspectors found that measures were in place to protect residents

from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse. There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse. The management team had reviewed and implemented a new system of recording residents personal monies since the previous inspection, which was more robust.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected and positive respectful interactions were seen between staff and residents. Residents had access to individual copies of local newspapers, radios, telephones and television. There was an extensive activities programme available to residents seven days per week. The provider was ensuring residents views were obtained regarding the quality of service provided, via residents meetings and as satisfaction surveys. Arrangements for accessing an advocacy service were displayed in the centre.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhuire Nursing Home OSV-0000190

Inspection ID: MON-0039978

Date of inspection: 25/04/2023

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
<p>Outline how you are going to come into compliance with Regulation 21: Records: Records An inspection had been conducted by another regulatory body 4 weeks prior to this inspection. To comply with the findings of this inspection the secure file room needed to be relocated. This work was being carried out on the day of the inspection. Records were unsecured while being moved from one locked area of a portable cabin to another portable cabin . The locks for the new cabins were faulty. For the period of time that it took maintenance staff to source and fit the new locks the records were unsecured. The inspectors saw that the new locks were fitted by the end of the day As planned.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Prior to this inspection Aras Mhuire Nursing Home hired an external engineer to risk asses the home using the HIQA guidance document on fire safety. A comprehensive action plan was developed to address each of the risks. 85% of the works were completed by the date of the inspection The remaining works will be completed within the 18 month timeframe which was notified to Hiqa in June 2022</p> <p>Management in Aras Mhuire took innovative steps to ensure visiting continued in Aras Mhuire throughout the pandemic. With a view to balancing this risk a management decision was taken to reduce the number of non essential people in the home . As a result a backlog of repair works occurred. Teams of carpenters plasterers painters and</p>	

fire door installers began a comprehensive programme to address the structural deficits in the home in November 2022. This is due to be completed in September 2023.

Records were insecure while being moved from one cabin to another on the day of the inspection . This issue was resolved when records were moved and locks applied on the day of the inspection

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Aras Mhuire nursing home has a proven track record of very high infection control and hygiene standards.. A key component of successfully preventing a large scale outbreak of Covid during the pandemic was a management decision to minimise the number of external contractors in the home. This led to a backlog of structural deficits. A programme of works to address this backlog commenced in November 2022 to address these deficits which were in progress on the day of the inspection and were being addressed by a team of carpenters plasterers painters. Additional maintenance staff have been recruited in order to continue with the general upkeep and upgrading

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

On the day prior to the inspection 30 bedroom door frames were repaired sanded and painted. This led to dust that accumulated on floors. Contractors have been advised to use the external taps to clean equipment in future . This issue is resolved. In order to enhance the dirty to clean flow practices present in the laundry the dryer machine will be located to another area of the room as requested

Clinical sinks are currently being installed as planned. This work will be completed in three months

Chairs with stains that have been resistant to steam cleaning have been re covered. All armchair legs and arms are being sanded and restained.

Upgrade works to the sluice room were under way on the day of the inspection. Inspectors observed that Phase 1 of the works were complete. This involved the carpentors building a wooden frame. Phase two of the works is now complete and

involved the maintenance team attaching water proof groflex panels to the wooden frame. The surfaces are now non porous, as planned, to aid effective cleaning

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The electrical panel within a twin bedroom had been risk assessed and contained in a fire rated container following its installation in 2017. . To provide additional reassurance this panel has now been relocated to the plant room.

The oxygen cylinder has been relocated

All storage presses in the open nurses station has been moved to the closed nurses station

The charging dock for hoist batteries has been secured to the wall

The evacuation strategy has been simplified. Details specific to certain residents have been removed from the evacuation strategy. These resident specific controls will only appear in residents personal evacuation plans going forward. They will no longer appear in the evacuation strategy.

All fire doors in Aras Mhuire easily open in the event of a fire. All open via electronic means in the event of a fire and manually if required. Inspectors requested that in addition to the electronic opening system that a grab handle be attached to the outside of a fire exit door to aid re entry to the building. This handle has been ordered
The locking mechanism on the alternative escape through an en-suite from one bedroom required review, to ensure the door could be easily open, in the event of a fire.

Externally , the escape routes identified as requiring widening will be widened by September 2023 as part of planned fire works.

The installation of additional emergency lights on the perimeter of the building commenced in March and will be completed by October 2023 as planned

The arrangements in place for evacuating residents were risk assessed by the fire officer in 2021 and deemed adequate. An assessment by fire officer was undertaken in 2021 and further controls were identified and implemented. These documents were provided to the inspector on request.

The process of repairing upgrading and replacing of fire fires commenced in 2022. A timeframe of 18 months was accepted by HIQA to complete these works. This work is currently on schedule to be completed in that time frame.

The closing device to the dining room door has been adjustment to ensure they close in the correct order.

Action was required to ensure adequate containment of fire:

The fire doors to all bedrooms were fitted with either a smoke seal or a heat seal. All of

these have been replaced with a combined hot/cold smoke seal

The fire door to the prayer room had been upgraded to a new fire door as part of planned fire works. This has now been fitted with an automatic self-closing device. The new cleaners store was under construction on the day of the inspection and as planned has now been fitted with fire detection

The fire alarm panel is located on the corridor that is most easily accessible by staff. . The fire service arrive is aware of its location. The fire engineer has submitted an application for a fire regularisation cert. As part of this process the fire officer will review the location of the panel and any advice will be followed

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(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	25/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	05/07/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/12/2023

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/07/2023
Regulation	The registered	Substantially	Yellow	05/07/2023

28(2)(ii)	provider shall make adequate arrangements for giving warning of fires.	Compliant		
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	05/07/2023