



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Nursing Facility
Name of provider:	Aras Mhuire Limited
Address of centre:	Beechgrove, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	12 October 2022
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0036546

About the designated centre

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

The designated centre mainly provides care and support to meet the needs of residents of the Medical Missionaries of Mary congregation. It also provides care services to lay people and can accommodate both male and female residents. Aras Mhuire Nursing Facility provides twenty-four hour nursing care to 30 residents for long-term (continuing, palliative and dementia care) and short-term services (assessment, rehabilitation, convalescence, post-operative and respite care). Residents are generally over 65 years of age but people over 18 years of age may be accommodated.

The centre is a single storey building located in an urban area on an elevated site. All bedrooms are spacious and for single occupancy. Each bedroom and its full en-suite facility is wheelchair accessible. The centre is decorated and furnished to a high standard and a variety of sitting rooms and seated areas, a large spacious dining room, oratory/chapel, meeting room and hair salon is available for residents' use. A well-manicured central secure and accessible garden courtyard is available and a number of other surrounding outdoor areas and herb gardens are available.

The philosophy of care is to provide a homely and relaxed atmosphere of support and encouragement, sensitivity and compassion, hospitality, loyalty and respect for all in times of sickness, convalescence, ageing, suffering and death. The ethos of the centre promotes health, independence, dignity and choice. A person-centred approach to care supported by a multidisciplinary team is central to delivering this service. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Wednesday 12 October 2022	09:00hrs to 17:00hrs	Arlene Ryan	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in Aras Mhuire Nursing Facility was positive. The nursing home was clean and bright and corridors were clutter free. Residents were content and pleased with their living experience in this tranquil and happy environment. The centre has a very homely feel and residents told the inspector that they were happy living there and that they felt safe. The residents were assisted and supported with their daily living activities and routines.

On the day of inspection the inspector was met by the reception staff and the person in charge. The monitoring for signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting the inspector did a walk around the different areas of the nursing home and had the opportunity to speak with residents and staff. The inspector visited some residents' bedrooms, toilets and bathing facilities, communal and dining rooms as well as ancillary rooms such as dirty utilities, cleaners' room, store rooms, laundry and staff areas.

The centre's layout was simple and almost circular in nature. This led to easy orientation within the centre and corridors were linked with spacious seating areas and spaces for activities and relaxation. The inspector observed that most of the residents' rooms visited, contained personal possessions such as pictures, photographs and other individual items. The rooms were spacious and all had en-suite facilities including a toilet, wash hand basin and shower. There were assisted bathrooms available for residents who preferred a bath. There was adequate storage in the residents' bedrooms and the furnishings were in a good state of repair. Overall the residents' rooms felt very homely and comfortable.

The residents had access to a well-maintained enclosed garden outside the day room areas and residents were seen in the garden at various times throughout the day of inspection. The garden had wide paths to facilitate walking and wheelchairs access and contained a variety of plant species adding colour and fragrance throughout. All the access doors were open and the residents could use these spaces on their own if they chose to do so. A covered seating area facilitated residents to use the space even during light rain showers.

The inspector had the opportunity to meet with many residents throughout the day. Unanimously they were very happy with their living arrangements. They were familiar with the staff and there was a good rapport between the residents and staff. The residents were retired members of the Medical Missionaries of Mary congregation and were used to an orderly routine and were able to maintain this whilst living in the nursing home.

The residents had access to televisions, radios and newspapers. Residents also had access to telephones and could get assistance from staff to make a call if required. A schedule of activities was in place seven days per week. When the activities

coordinator was not on duty one of the healthcare workers was assigned these duties and this was clearly marked on the duty roster. Activities were aligned with the residents' requirements and wishes and residents were able to opt-out of any activities if they chose to.

Laundry facilities were provided on site and residents told the inspector that they always received their clothing back clean and fresh. They were very happy with the service provided. The inspector observed neatly folded clothes and towels in the laundry store room, whilst personal clothing items were labelled and returned to the residents' rooms. The laundry room was observed to be clean and organised and the infrastructure of the laundry supported the functional separation of clean and dirty phases of the laundering process. Sheets and pillow cases were sent off-site for laundering. Some of the residents had access to the laundry room to complete tasks such as ironing ceremonial linens and their own clothing if they chose to do so. They were facilitated by staff to undertake these activities and this very much compounded the concept that this was the resident's own home.

Residents who spoke with the inspector unanimously agreed that their life living in the centre was of good quality. They were complimentary of the staff and appreciative of the lovely surroundings. The residents said that the food was of good quality and they there was plenty of food available to them. Some described the food as 'excellent' and 'very good'. The inspector had the opportunity to visit the dining room at lunch time and saw that the food being served both looked and smelled appetising. There were three menu options available on the day of inspection. Tables were set with condiments, sauces and napkins for the residents' use. The residents were enjoying lunch and all were offered additional food if they wanted it. Residents who required assistance were being supported by staff in a non-rushed and supportive manner.

Residents had access to drinking water in their rooms and they were also offered a variety of drinks throughout the day by staff. Some residents went to the dining room or sitting rooms where they could also get refreshments at any time of the day.

Alcohol hand gel dispensers were available along corridors and in communal rooms for resident, staff and visitor use. However, the clinical hand washing sinks did not comply with the recommended specifications for clinical hand wash basins.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

At the centre, the inspector found that residents were well supported and facilitated in living a good quality life. Residents of this centre benefited from well-managed resources and facilities. There were good leadership, governance and management arrangements in place which contributed to the centre's high level of regulatory compliance.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider was Aras Mhuire Limited. On the day of inspection the person in charge was supported by the registered provider representative, a clinical nurse manager, nurses, healthcare assistants, household manager, housekeeping, business manager, administrative, catering and maintenance staff. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. Arrangements were in place for the assistant director of nursing to deputise in the absence of the person in charge.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a recently revised and comprehensive auditing programme which was overseen by the person in charge. Both clinical and non-clinical audits were completed on a monthly and quarterly basis and action plans were in place to address any issues identified. The minutes of a recent management and governance meeting showed changes to the meeting agenda items to ensure all aspects of audit findings and key performance indicators were discussed at this meeting. Evidence of regular staff meetings and quarterly residents' meetings were documented and any items raised were addressed and fed back to the staff and residents respectively.

The compliance plan from the previous inspection carried out in October 2022 was followed up. The inspector found that the majority of compliance plan responses had all been implemented apart from the installation of clinical hand wash sinks in line with the national guidelines as detailed under Regulation 27: Infection control. The centre was bright, clean and tidy and furnished to a high standard.

Staffing levels were adequate for the number of residents living in the centre. There was a stable workforce with a low turnover of staff. Two new healthcare assistants had been employed and were awaiting their An Garda Síochána vetting prior to commencing employment. There were no other staff vacancies. Staff told the inspector that they had good access to training and records showed that staff had all completed their mandatory training.

Regulation 14: Persons in charge

The person in charge was suitably qualified and an experienced registered nurse working there on a full-time basis. They had the authority to make decisions to

ensure the safe and appropriate service for residents living in the centre and was responsible for the day-to-day management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff and skill-mix to meet the needs of the residents living at the designated centre.

There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records showed that staff were up-to-date with their mandatory training requirements and a schedule of training was in place for those due for refresher training.

Copies of the Health Act, regulations, standards and relevant guidelines were available to staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the details as required under the regulations.

Judgment: Compliant

Regulation 21: Records

A selection of staff files were reviewed. Each file was organised and contained the relevant information as per the regulations. Each member of staff had completed An Garda Síochána vetting prior to commencing work in the designated centre.

All nurses working in the designated centre held a valid Nursing and Midwifery Board or Ireland (NMBI) registration.

Judgment: Compliant

Regulation 22: Insurance

There was an insurance policy in place to cover injury to residents and loss or damage to residents property in the designated centre.

Residents and families were informed of this in the residents' guide and contract for the provision of care.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

The annual quality and safety review had been completed and contained input from the residents living in the designated centre.

The centre was well resourced in general and systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of four residents' contracts for the provision of services were reviewed. These required the inclusion of information relating to the application or receipt of financial support under the Nursing Home Support Scheme including the arrangements for the payment or refund of monies as per the Regulation. In addition the services to be provided were not clearly outlined within the contract.

Judgment: Substantially compliant

Quality and safety

The inspector was assured that the residents received a good standard of service living at the designated centre and that their healthcare needs were met. Some further improvements were required in relation to the premises, infection control practices and information for residents as detailed under the individual regulations, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the centre.

The overall standard of care planning in the centre was good and described holistic, person-centred interventions to meet the individual assessed needs of residents. The care plans were updated within the required time frame and residents were consulted on their plans of care and this was documented in the care plans. End of life care plans were detailed and specified the individual residents' wishes and preferences in the event of a deterioration of their health or death.

Records of housekeeping and infection prevention and control training were maintained by the housekeeping manager and available to the inspector for review. The latest Health Surveillance and Protection Centre (HSPC) guidelines were available to the staff and any changes communicated to the housekeeping staff by the manager. Cleaning records were available to the inspector showing a thorough daily cleaning regime. The cleaning trolleys were clean and organised and housekeeping staff were knowledgeable about the cleaning processes. All areas of the nursing home were seen to be clean.

The sluice rooms were located throughout the centre and were accessible by coded door locks. Bedpan machines were serviced at regular intervals and the rooms were clean and tidy. All equipment within had been cleaned and stored correctly. Oxygen cylinders and concentrators were found stored in a store room alongside other items. These were removed immediately on the day of inspection and appropriate hazard signs put in place to identify the associated hazard with oxygen, when stored or in use in the residents' rooms.

Residents' equipments such as wheelchairs and walking frames were seen to be clean. Although there was a tagging system in place to identify clean and decontaminated equipment, this was not consistently used. Some of these tags remained on items of equipment which were in use whilst other items were not identified as clean.

There was a high standard of maintenance on site. The maintenance staff were seen throughout the day and were very much part of the team. Any requests were attended to almost immediately and the level of preventative maintenance was evident.

Regulation 10: Communication difficulties

A sample of residents' assessments and care plans were reviewed in relation to communication difficulties. They had a thorough assessment of their communication needs and a detailed care plan specifying the individual requirements and strategies to assist the residents. The residents' individual concerns and views were taken into consideration.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions in place on visiting. The monitoring for signs and symptoms of COVID-19 were completed on arrival to the nursing home. There were adequate spaces available for residents to receive visitors other than in their bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate storage available for their clothes and personal belongings in their rooms. Each resident had access to a lockable unit for the safe storage of any valuables. Laundry facilities were available on site and the residents' clothes were returned to them clean and fresh.

Judgment: Compliant

Regulation 17: Premises

The premises was well-maintained and appropriate to the number and needs of the residents living at the centre. There was adequate storage throughout the facility for equipment and supplies.

Judgment: Compliant

Regulation 20: Information for residents

The Resident's Guide did not contain information of the terms and conditions relating to residence in the designated centre. The procedure in respect of complaints was included however, needed to be expanded on within the guide to include the appeals process should a complainant be dissatisfied with the outcome of the complaints process.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018), with the exception of the following issues identified:

- Clinical wash hand basins did not meet the required standard to support good hand hygiene.
- There was a process for the identification of clean and decontaminated equipment in place, but it was not fully implemented.
- The labelling of sharps bins for traceability purposes was not in line with national guidance.
- There was rust on the chemical storage cupboard in the cleaners room preventing effective cleaning.
- Although there was adequate storage throughout the centre some storage areas required reorganisation to ensure items were stored off the floor such as cardboard boxes, to enable effective cleaning.
- Some overhead ventilation system covers were seen to be dusty for example in the cleaners store room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individualised assessments using a variety of validated assessment tools were completed 48 hours from admission and care plans developed based on these assessments. Care plans were updated within a four month period or more often if required. Care plans were seen to be person-centred and reflected the residents' individual needs and preferences. They provided good instruction to enable staff to ensure the residents received the appropriate care.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to healthcare. A general practitioner (GP) visited the centre twice a week. Residents had the option to retain their own GP whilst living in the centre but most opted to use the same one. Clear processes were in place to refer residents to allied health professionals as and when required. Evidence of referrals to other services and recommendations by allied health professionals were seen throughout the residents' care plans.

Judgment: Compliant

Regulation 8: Protection

All staff had completed their Safeguarding training and were aware of what constituted abuse and what to do if they suspected abuse.

The provider acted as a pension-agent for a number of residents living in the centre. The management team understood their responsibilities in relation to the welfare and protection of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. Residents were registered to vote and arrangements were in place to apply for a ballot box to be brought to the centre in the event of public or national elections.

Residents had access to independent advocacy service and pastoral care services.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhuire Nursing Facility OSV-0000114

Inspection ID: MON-0036546

Date of inspection: 12/10/2022

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>We will review and amend our Contract for the Provision of Services to include the services to be provided to the residents.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The Information for Residents will be reviewed and amended to contain information on the terms and conditions relating to the residents. A full explanation and guidance on the Complaints Procedure will also be included.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>1. Clinical Handwashing sinks: will be installed in all areas recommended by the inspector.</p>	

2. The tagging system used to identify clean and decontaminated equipment will be consistently used for all equipment in use.
3. All sharps bins will be labelled in line with national guidance.
4. Chemical Storage cupboard: rusted area cleaned and repainted.
5. New shelving in progress for storage areas.
6. Overhead ventilation system covers have all been cleaned.

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 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	31/12/2022
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints.	Substantially Compliant	Yellow	31/12/2022
Regulation 24(2)(c)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements	Substantially Compliant	Yellow	31/01/2023

	for the payment or refund of monies.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2023