



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

Issued by the Chief Inspector

Name of designated centre:	Aras Mhuire Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	HSE West, Dublin Road, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	01 December 2022
Centre ID:	OSV-0000627
Fieldwork ID:	MON-0037826

About the designated centre

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

Aras Mhuire Community Nursing Unit was built in the 1960s. It was originally a novitiate for nuns and opened as a care centre for older persons in 1975. It is a two-storey building with landscaped gardens, and wheelchair access at the front and rear. All residents are accommodated on the ground floor. It is located on the outskirts of Tuam in Co. Galway, within walking distance of the town centre. Residents have access to a day room, dining room and landscaped enclosed garden area. The centre provides 24-hour nursing and social care for older persons and young chronically ill people, both male and female. Admission may be for long, short-term or respite care. Services such as social programme of activities, weekly mass, music entertainment, physiotherapy, dietician and speech and language therapy review are provided at no additional charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Thursday 1 December 2022	09:35hrs to 16:25hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what residents told the inspector, and from what the inspector observed, there was evidence that residents living in this centre were supported to enjoy a good quality of life. Feedback from residents living in this centre was that they were well cared for by staff who were kind and attentive to their needs. There was a calm, relaxed and friendly atmosphere in the centre. Staff were observed to deliver care and support to residents which was kind, respectful and in line with their assessed needs.

The inspector completed a tour of the centre on the morning of the inspection. Aras Mhuire Community Nursing Unit was a two storey building situated on the outskirts of Tuam, County Galway. The centre was clean, tidy and generally well maintained on the day of the inspection. Resident accommodation, which was located on the ground floor, comprised of fifteen single bedrooms and two double bedrooms. The inspector observed that many bedrooms were personalised with items of personal significance including furniture, ornaments and pictures. There were a small number of communal areas provided for residents which included a day room, a dining room and a reception area. All areas of the centre were appropriately furnished to create a homely environment. The centre was bright, warm and well ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Call bells were available in all areas of the centre and the inspector observed that these were responded to in a timely manner. Residents also had unrestricted access to an outdoor area which contained seasonal plants and suitable seating areas.

The inspector interacted with a number of residents in the centre throughout the day of the inspection and spoke in detail with a total of seven residents. Those residents who spoke with the inspector said that they were satisfied with life in the centre. They said that staff were very good and that they could freely speak with staff if they had any concerns or worries. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day. The inspector spoke with visitors who were very complimentary about staff working in the centre and the care received by their loved ones.

On the day of the inspection, the inspector observed staff providing care to residents in an unhurried fashion and that personal care and grooming was attended to a satisfactory standard. Friendly, respectful conversations between residents and staff could be overheard in various areas of the centre throughout the day. Residents were observed relaxing in the communal areas over the course of the day while a small number of residents chose to remain in their own bedrooms. Staff

supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day.

The dining experience at lunchtime was observed by the inspector. Food was freshly prepared in the centre's own kitchen and meals were observed to be well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents were complimentary about the food in the centre. Staff and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to residents throughout the day.

There were opportunities for residents to participate in recreational activities of their choice and ability seven days a week. There was a schedule in place which included a variety of activities including exercise, bingo, quizzes and music. On the day of the inspection, the inspector observed residents participating in an exercise class which they appeared to enjoy. Mass was celebrated in the day room in the afternoon and attended to by a large number of residents. Residents also had access to television, radio, newspapers and books.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents living in this designated centre.

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.

Capacity and capability

This one day unannounced risk inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in November 2021. There were 18 residents accommodated in the centre on the day of the inspection and one vacancy.

The findings of this inspection were that this was a well-managed centre which was well resourced to ensure the quality and safety of the services provided to residents were of a good standard. The provider had addressed the majority of actions required following the last inspection. The actions required in relation to compliance with Regulation 17: Premises will be addressed as part of an on-going building plan for the centre.

The provider of this centre was the Health Service Executive (HSE). There was no

person in charge of the centre on the day of the inspection. The provider had failed to appoint a person in charge who met the criteria required under Regulation 14: Person in charge. A director of nursing facilitated this inspection and they demonstrated a clear understanding of their role and responsibility. The director of nursing was supported in their role by a clinical nurse manager and a full complement of staff including nursing and care staff, housekeeping, catering, activities and administrative staff. There were deputising arrangements in place for when the director of nursing was absent.

Staffing and skill mix were appropriate to meet the assessed needs of residents. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

The provider had management systems in place to ensure the quality of the service was effectively monitored. A range of audits had been completed which reviewed practices such as medication management, health and safety, fire safety and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided for 2021 which included a quality improvement plan for 2022.

There were policies and procedures available to guide and support staff in the safe delivery of care.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training. Staff, whom the inspector spoke with, demonstrated a good level of knowledge in these areas.

There was evidence that there was effective communication with staff in the centre. Minutes of meetings reviewed by the inspector showed that a range of relevant topics were discussed including resident issues, infection prevention and control, staffing rosters, training, and audits.

Risk was found to be effectively managed in the centre. The centre had a comprehensive risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. The provider had developed an emergency plan which included a comprehensive COVID-19 contingency plan with controls identified in line with current public health guidance.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern.

Regulation 14: Persons in charge

The provider had failed to ensure that there was a person in charge of the centre as described in the statement of purpose who met the requirements under Regulation 14: Person in charge. For example, the provider had put forward a person in charge who did not have a post registration management qualification in health or a related field.

Judgment: Not compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their roles .

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Staff files reviewed contained all of the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had adequate resources in place to ensure effective delivery of care.

Notwithstanding the absence of a person in charge, there was a clearly defined management structure identifying lines of authority and accountability.

The provider had appropriate management systems in place to ensure the service delivered was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and the management team were in the process of reviewing all policies to ensure that they were in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in this designated centre received care and support that was of an appropriate standard. Residents who spoke with the inspector said that they felt safe and that they were well cared for by staff in the centre. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

The inspector reviewed a sample of five resident care files. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including skin integrity, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed by the inspector were person-centred, holistic and contained the necessary information to guide care delivery.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

There were a number of residents who required the use of bedrails and the inspector found that there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. There was a schedule of activities in place which was facilitated by an activity co-ordinator and care staff. It was evident that residents were supported by staff to spend the day as they wished. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out and feedback was acted upon. Minutes of recent meetings reviewed by the inspector showed that relevant topics were discussed including excursions, staff and menus. Residents had access to an independent advocacy service.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

On the day of the inspection there continued to be a number areas in the centre that did not meet the requirements of Regulation 17. This was evidenced by;

- There were a number of maintenance issues identified including floor surfaces that required upgrading as there were visible cracks present, chipped paintwork and cracked tiles.
- There was a lack of appropriate storage for equipment in the centre resulting in hoists being stored in communal areas.

The inspector noted that the provider is undertaking significant building work that will address these and other non-compliances found on previous inspections.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident. There were adequate means of escape, all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhuire Community Nursing Unit OSV-0000627

Inspection ID: MON-0037826

Date of inspection: 01/12/2022

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>There is person in charge in the centre who has previously met, and currently meets the Regulation. We are compliant under regulation 14.</p> <p><i>This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the regulations</i></p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A new CNU is currently under construction and the provider expects it to be open, subject to registration by the Chief Inspector at the end of Q2. We expect to submit the application for registration before the end of March 2023.</p> <p>In the interim,</p> <ul style="list-style-type: none"> • All unused equipment is being removed from communal areas. • All defective surfaces that pose an infection control or other risk are being repaired. 	

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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Not Compliant	Orange	18/01/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(2)	The registered provider shall,	Substantially Compliant	Yellow	30/06/2023

	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.			
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