



# 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 Nursing Facility
Address of centre:	Beechgrove, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0049885

## 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 has an en-suite facility. 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:	29
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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 19 March 2026	08:45hrs to 17:00hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection, conducted with a focus on adult safeguarding, and a review of the measures the registered provider had in place to safeguard residents from all forms of abuse.

From the observations of the inspector and from speaking to residents and their families, it was evident that residents were living in a centre where their rights were upheld. There were adequate resources, policies, procedures and supervision in place, ensuring that residents were safeguarded in their home.

On arrival to the centre, it was found to be airy, calm and peaceful. Some of the residents were in bed; a small number of residents had already started their morning routine in the privacy of their bedroom.

On the day of inspection, the inspector met with many residents and spoke more in-depth with 11 residents and two visitors. Residents stated that they felt well cared for by staff. The overall sentiment was that the residents valued staff relationships and described the atmosphere in the centre as 'friendly'.

The premises was warm, clean and well maintained. The physical environment was designed to minimise risk including, secure entry systems and well-lit areas. Fire exits and escape pathways were noted to be clear from obstruction.

Residents said that they felt safe living in the centre. Residents said staff knew them well and they trusted that staff would act promptly, if any concerns arose.

Residents stated that they valued being treated as individuals. They highlighted the importance of staff recognising their personal preferences and supporting them in their daily decisions such as meal choices, activities and visiting arrangements.

Residents were supported to enjoy a good quality life in the centre. Activities provided were varied, and informed by residents' interests, preferences and capabilities. On the morning of the inspection, Mass was celebrated in the chapel. In the afternoon, a singer entertainer visited the centre and residents said they 'enjoyed the performance very much'.

The inspector heard how residents were supported to remain connected to their communities, including visits from local schools and community groups. Residents reported that they enjoyed outings, including trips to a local shopping centre and to a near-by beach in the summertime.

The inspector observed that staff endeavoured to keep residents safe, by providing supervision to them when in the communal living areas and in the dining rooms.

The inspector saw that residents had access to their call bell when in their bedroom alone, and all residents spoken with said their call bell was answered promptly.

Relatives said the communication between staff and families was excellent; staff called them and reported any issues, in a prompt manner. All relatives spoken with expressed satisfaction with the high standard of safe care provided to residents.

During the inspection many positive meaningful interactions were observed between staff and residents. Both parties were seen chatting and laughing together, as residents went about their daily routines. Care delivery was observed to be unhurried and staff were seen to be patient and kind.

Arrangements were in place for residents to give feedback on the service provided to them. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the service.

The complaints policy was on display in various prominent places throughout the centre and it included the contact details for the advocacy services. The residents and visitors spoken with told the inspector that they knew who to complain to if they needed to.

## Capacity and capability

The findings of this inspection were that the registered provider had good governance and oversight procedures in place, which ensured the delivery of a sustainable quality service.

This was an unannounced inspection reviewing the governance, leadership and management arrangements in place with respect to adult safeguarding and how effective these arrangements were in ensuring the residents were kept free from harm. In addition, this inspection was also conducted to inform a decision on the renewal of the registration for the designated centre.

This centre was found to have the capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The registered provider was Aras Mhuire Limited. The person in charge was on leave on the day of inspection and the inspection was facilitated by a company director and the clinical nurse manager.

The registered provider had clear safeguarding policies and procedures in place, aligned with national safeguarding legislation and best practice guidelines.

A review of a sample of audits, assured the inspector that continuous auditing practices were in place ensuring residents were safeguarded by robust and effective management processes.

There were sufficient resources available to provide the service in line with the statement of purpose and to ensure residents' safety and wellbeing at all times.

Mandatory safeguarding training and other relevant training was provided and completed by all staff. Training included recognising the signs of abuse and responding appropriately. Staff demonstrated a good knowledge of what constituted abuse and what procedure they would follow if they witnessed any form of abuse.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection.

#### Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration, together with all the required documentation had been submitted to the Chief Inspector of social services in a timely manner.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill-mix of staff on duty were adequate to ensure that the care needs of the residents were met in a prompt and safe manner.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely including, safeguarding vulnerable persons. On the day of inspection, the level of supervision was appropriate to ensure the care being delivered was safe and person-centred.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. The registered provider had established management systems in place to monitor the quality and safety of the service provided to residents.

Judgment: Compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

## Quality and safety

This inspection found that overall, the provider was proactive in their approach to safeguarding residents. Appropriate measures were taken to protect residents from harm and to promote residents' safety.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, which were reviewed every four months or more frequently if required. Care plans reviewed were person-centred and reflected the care needs of the resident.

There was a low level of restraint use within the centre. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans in place which reflected trigger factors for individual residents and de-escalation techniques that staff could use to prevent the behaviour escalating.

The registered provider had taken all reasonable measures to protect residents from abuse. Any concerns were addressed promptly through clear reporting lines and escalation pathways to senior management.

There was an open and transparent communication culture where residents, staff and families were facilitated to communicate, and enabled to exercise choice and control over their life. Individual residents' communication needs and personal preferences were outlined in clear and comprehensive care plans. The registered provider had ensured accessible communication methods for all residents including assistive technology, as needed.

Residents reported that their rights were respected and were satisfied with the activities and facilities available to them. Activities were tailored to meet residents' needs and they had input into planning their schedule including trips out of the centre. Feedback from residents and families was actively sought and used to inform service improvements.

The premises met the needs of the residents and provided a safe, secure and accessible environment for all residents. Safety systems were used appropriately, balancing security with residents' privacy.

### Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the number and needs of the residents. The centre was well-maintained, spacious and welcoming.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans were personalised and contained detailed information specific to the individual needs of the residents. There was evidence of resident and family involvement, where appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a restrictive practice register in place in the centre. The centre was actively promoting a restraint-free environment, in line with national policy.

Judgment: Compliant

### Regulation 8: Protection

There were robust policies and procedures in place for preventing, detecting and responding to all forms of abuse or neglect.

The nursing home was pension-agent for a number of residents and the management team understood their responsibilities in relation to the safeguarding and protection of residents' finances.

Staff files reviewed contained all the required documents, providing assurance that residents were safeguarded through robust human resources practices. Staff Garda vetting had been obtained prior to commencing employment.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were observed to be treated with dignity and respect; residents were living in a safe and supportive environment, where their individual choices and rights were upheld.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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