



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:	08 June 2022
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0035711

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:	37
--	----

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 8 June 2022	09:00hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents living in Aras Mhuire Nursing Home were very well cared for and supported to live a good quality of life. The atmosphere in the centre was relaxed and calm on the day of the inspection. Staff were observed to be compassionate and respectful towards residents. The inspector spoke with a number of residents in the communal rooms and in their bedrooms. All of the residents who spoke with the inspector said they were content and happy to be living in the centre.

This was an unannounced inspection that took place over one day. On arrival to the centre, the inspector was met by the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature check were implemented, prior to accessing the centre. After an opening meeting with the person in charge, the inspector was guided on a tour of the centre.

Aras Mhuire Nursing Home is a designated centre for older people, that is registered to accommodate 38 residents. There were 37 residents living in the centre, on the day of this inspection. The centre is situated in Listowel town, County Kerry and is a domestic style one story premises, which had been extended over the years. It lies on the grounds of the local Community Hospital and some of Listowel towns community service buildings. Bedroom accommodation comprises 28 single bedrooms and five twin bedrooms. Only eight bedrooms had en-suite facilities, however, there were adequate communal bathrooms located throughout the premises, to meet the personal hygiene needs of residents, accommodated in the centre. The inspector saw that some single bedrooms, although they met the requirements of the regulations, pertaining to size, were small, and may not provide sufficient room if a resident required specialised equipment, such as a hoist. The person in charge informed the inspector that this was assessed on an individual basis, and residents were allocated appropriately following assessment. The inspector noted that some of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. There was adequate storage space for residents personal possessions and property, including lockable storage for valuable items.

The inspector noted that there was adequate communal space in the centre, which comprised of two large sitting rooms, a dining room, a prayer room and a conservatory. There were also two large enclosed garden areas, available for residents use. The inspector observed that internal construction work to the roof was being carried out, to upgrade the fire stopping system, on the day of this inspection. The centre was noted to be warm and clean throughout. It was, however, in need of some redecoration, as some of the bedrooms and hallways had chipped paint on doors, walls and skirting boards. A piece of furniture and a skylight in the dining room were also observed to be in need of repair. The inspector saw that there had been some improvements to the premises noted since the previous

inspection, such as new wardrobes and curtains in some bedrooms and upgrades to some windows.

The inspector spoke with individual residents, and also spent time in communal areas, observing residents and staff interaction. The general feedback from residents was one of satisfaction with the care and the service provided. A number of residents told the inspector that they were happy in the centre and that the staff were very good. One resident told the inspector they were "as happy as Larry" and spoke positively about living in the centre. Some residents told the inspector they enjoyed going to town for coffee with staff, and were encouraged to go out and meet people. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The provision of care was observed to be person-centred and unhurried and there was a happy atmosphere present in the centre. It was evident that staff knew the residents well and provided support and assistance with respect and kindness. Staff were warm and empathetic in their interactions with residents and were respectful of residents' communication and personal needs.

A large number of residents were observed to spend their day in the communal rooms, where activities were ongoing throughout the day. The inspector found that the provider was committed to ensuring residents had opportunities to participate in activities, in accordance with their interests and capacities. There was varied activities programme in place and there were two staff members allocated to the role of activity coordinators on a daily basis. The inspector saw residents participating in a game of bingo, a SONAS session, a music session as well as one to one sessions on the day of this inspection. Residents were seen to enthusiastically participate and interact with one another and with staff. Activities staff were available to residents until 21:00hrs. The inspector also saw that local volunteers attended the centre on the day of this inspection, which was the first time since the global pandemic began. Residents and staff spoke positively about life returning to normal again.

A group of residents were also observed on the day getting in their daily exercise, by walking around the grounds of the centre. These residents informed the inspector that they do this everyday, weather permitting, and they really enjoy it. Visiting was seen to take place in the conservatory throughout the day. The centre also had their own bus, which residents utilised for days out of the centre, which they told the inspector they looked forward to, especially in the summer.

Residents had a choice of where to have their meals. The lunchtime period was observed to be a very enjoyable and social occasion for the residents. A nurse manager was observed to oversee the serving of residents meals. Food was freshly prepared in the centres' own kitchen and the meals served were well presented. Menus were displayed on the tables and tables were beautifully set with table cloths and napkins. Residents were very complimentary about the food in the centre. Those residents who required assistance with meals were provided with this in a sensitive and discreet manner, while other residents were supported to eat independently. Staff and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of

refreshments was available to the residents throughout the day. One resident told the inspector they loved their daily cappuccino after dinner and they really looked forward to the dinner time every day.

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

This inspection 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). Findings were that this was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. The systems in place were supporting quality and safety improvements and there were good levels of compliance found on inspection. The last inspection in of this centre had been one year previously, in June 2021. Some areas identified as requiring action during this inspection included infection control, the premises and fire safety.

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. On a daily basis care is directed through a suitably qualified person in charge. They demonstrated a clear understanding of their role and responsibility, and was a visible presence in the centre. There was a clearly defined management structure in the centre, which identified lines of responsibility and accountability. The management team was observed to have strong communication channels and a team-based approach. There were adequate staff supervision arrangements in place. The management team communicated on a regular basis and meetings identified that all aspects of the service were discussed and actions taken as required. The person in charge was supported in their role by an assistant director of nursing, a clinical nurse manager, nursing, health care assistants, catering, activities and maintenance staff.

On the day of the inspection the centre had adequate resources, to ensure the effective delivery of care, in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care, from staff who knew them well. There was evidence of meetings with staff and regular meetings were with residents. There was evidence from staff files, and from speaking to staff that staff were suitably recruited, inducted and supervised, appropriate to their role and responsibilities. Mandatory training, as required by the regulations, was in date for all staff.

There were effective systems in place to monitor the quality and safety of care. The

system was underpinned by a range of audits and associated actions identified in areas where improvements were required. A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant. The complaints procedure was displayed in the centre and contained the information required by the regulation. The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

This inspection found that the provider had been proactive with regards to fire safety management within the centre and showed good governance of fire safety. In line with the HIQA " *Fire Safety Handbook: A guide for providers and staff of designated centres*" the provider had carried out a self-assessment of their own fire safety programme, and identified that improvements were required with regards to compartments and fire stopping. This structural work was ongoing at the time of this inspection and is further discussed under regulation 28.

In summary, it was evident on inspection of Aras Mhuire Nursing Home that there was good leadership, governance and management arrangements in place, which had a positive impact on the quality of life of residents.

Regulation 14: Persons in charge

There was a person in charge that met the requirement of the regulations, in terms of qualifications and experience. The person in charge knew residents well and residents appeared to be familiar with the person in charge. It was evident that the person in charge was involved in the day-to-day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels with the required skill mix, to meet the needs of the residents living in the centre. The numbers of staff working on the day of the inspection was consistent with staffing resources, as described in the centres statement of purpose. The person in charge assured the inspector that staffing levels were under constant review. There was one registered nurse on duty at night, with a twilight nurse and carer working until 22:15 hrs. There was an on call nurse and care staff rota in place, which allowed for an additional nurse to be rostered, if the care needs of residents required. There was also an on call manager each night available to staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role.

Judgment: Compliant

Regulation 21: Records

The required records were maintained and were made available for review. Records were maintained in an orderly system and were accessible and securely stored. The inspector reviewed a sample of four staff files and found that they contained all information as required by Schedule 2 and 4 of the regulations, including required references and qualifications.

Judgment: Compliant

Regulation 23: Governance and management

There was a well established governance and management structure in place. The registered provider had good systems in place to oversee the service and ensure safe quality care was delivered. There were weekly management meetings and issues discussed at these meetings included staffing, COVID-19 and quality improvements. Residents were consulted both formally, through residents' meetings, and informally on a daily basis. Resources were available to ensure the effective delivery of care, in accordance with the centre's statement of purpose.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The contract of care was recently updated to reflect the fees payable by each residents, including fees for additional services. It also included details pertaining to the bedroom occupied by each resident, and the number of other residents in that room, if any.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers working in the centre had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in place. They also had a memorandum of understanding, which outlined their roles and responsibilities.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents occurring in the centre were well recorded and informed quality improvement. All required notifications had been submitted to the Chief Inspector, in line with the requirements of regulation 31. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres policies.

Judgment: Compliant

Regulation 34: Complaints procedure

Adequate arrangements were in place for the management of complaints. A review of the complaints log indicated that complaints were recorded, investigated and the satisfaction or otherwise, of the complainant was recorded, as required by the regulations.

Judgment: Compliant

Quality and safety

The findings of this inspection were that overall, residents living in Aras Mhuire Nursing Home enjoyed a good quality of life and were in receipt of a high standard of quality care. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Areas identified that required to be addressed, as per the findings of this inspection, will be discussed in more detail,

under the relevant regulations.

Residents had access to medical care with the residents' general practitioners (GP) providing reviews in the centre as required. Residents were also provided with access to other health care professionals, in line with their assessed need. The inspector reviewed a sample of residents' files. Following admission, residents' social and health care needs were assessed using validated tools, which informed appropriate care planning. Each resident had a care plan in place, which reflected each individual's needs. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained, in line with professional guidelines.

This inspection took place during the COVID-19 global pandemic. The centre had experienced an outbreak of COVID-19 in March 2022. Throughout the outbreak the management team had worked closely with local public health professionals and the Health Service Executive (HSE), to ensure the outbreak was managed in line with the recommended guidance. The centre was free of COVID-19 on the day of the inspection. A post COVID outbreak review had taken place to identify learning, as per national recommendations. Infection Prevention and Control measures were in place. Staff had access to appropriate training and all staff had completed this. Household staff who spoke with the inspector were knowledgeable with regards to cleaning products and systems. Good practices were observed with hand hygiene procedures and in the use of face masks. However, some areas pertaining to infection control required to be addressed, which are detailed under regulation 27.

As mentioned earlier in this report, the provider had been proactive with regards to improving fire safety within the centre, which evidenced good governance. The management team had put a system in place to identify and manage this risk, while work was taking place within the centre. However, the inspector found that the systems in place required further review, which is discussed under regulation 28. Evacuation equipment was available and accessible, in the event of an emergency. Fire safety training and evacuation drills were carried out regularly. Personal evacuation plans were in place for each resident. The inspector found that staff were knowledgeable and clear about what to do in the event of a fire, and had been kept informed regarding changes to the evacuation strategy, by the management team.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. The centre promoted a restraint free environment and there were no residents allocated bedrails on the day of this inspection. Safeguarding training was provided and was seen to be up to date for staff. The centre did not act as a pension agent for any residents living in the centre. Invoicing for care such as chiropody and hairdressing was all managed in a robust manner, however, the current system in place for the management of residents' personal monies required review, which is detailed under regulation 8.

Management and staff promoted and respected the rights and choices of residents'

in the centre. Resident meetings were frequent and well attended. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the management team were proactive in addressing any concerns or issues raised. Dedicated activity staff implemented a varied and interesting schedule of activities and there was an activities programme over seven days per week.

Regulation 11: Visits

Visits was taking place in the centre, in line with updated national guidance for residential centres. Staff guided visitors through appropriate COVID-19 safety checks at the centre. Visiting was found not to be restrictive.

Judgment: Compliant

Regulation 13: End of life

The procedures in place for the provision of private accommodation for residents, at end of life, required review, to ensure that residents had access to a private room at this time, as per regulatory requirements.

Judgment: Substantially compliant

Regulation 17: Premises

Parts of the premises did not conform to the matters set out in Schedule 6 of the regulations, for example;

- some furniture was seen to be broken and in need of repair.
- some bedrooms and corridors required painting.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meal time was protected whereby medications were administered after residents' dined. Residents were very complimentary regarding their food, menu choices and textured diets were colourful and pleasing to the eye. Residents had good access to

speech and language and dietitian services. Comprehensive care plans were in place to support people with their nutrition needs and weights were completed in line with best practice. Intake and output records were maintained when necessary to support nutritional and fluid intake. Mealtimes were a social occasion and residents were offered sufficient choice and alternative meal options were available.

Judgment: Compliant

Regulation 27: Infection control

Some areas that required to be addressed in relation to the infection prevention and control which included:

- some equipment such as a hoist and a cleaning trolley were visibly not clean.
- the sinks did not comply with the recommended Health Building Note 00-10: Part C standards.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that further measures were required to mitigate risk, while fire compartment work was taking place, within the centre. This was addressed immediately by the provider on the day of this inspection, by rostering additional staff. The provider had a fire evacuation strategy in place, this was also updated on the day of this inspection. Continuous monitoring of fire precautions and updating to the evacuation strategy, by the provider would be required, as work progressed throughout the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed using validated assessment tools. Care plans were developed based on these assessments and incorporated input from other health professionals, where indicated. Care plans were reviewed every four months or more frequently, as required by the regulations.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP). 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, gerontology and palliative care. The advice of healthcare professionals was seen to be incorporated into care plans.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place for the management of residents monies handed in for safekeeping and transactions had double signatures. However, the inspector found that recording systems required to be further enhanced, to protect the resident and staff member.

Judgment: Substantially compliant

Regulation 9: Residents' rights

This inspection found that residents' rights were upheld in the designated centre and their privacy and dignity was respected. There was a varied schedule of activities in place and this schedule was facilitated by social care staff. Residents had access to an advocate. Residents under 65 yrs were supported to access community social supports.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhuire Nursing Home OSV-0000190

Inspection ID: MON-0035711

Date of inspection: 08/06/2022

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 13: End of life	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: A room has been identified that is suitable for people who require end of life care. An application is being prepared to submit to Hiqa to have this room re purposed as such.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Once structural work in the roof and ceiling is complete a full painting programme will commence.</p> <p>Two benches with damaged timber work have been replaced</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Firestopping works that were commenced prior to the inspection will be completed in July 2022</p>	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Aras Mhurie have now introduced a logbook to enhance the management of residents finance	

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 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	30/08/2022
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	30/10/2022
Regulation 28(2)(iv)	The registered provider shall	Substantially Compliant	Yellow	30/06/2022

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	18/07/2022