



Report of an inspection of a Designated Centre for Older People

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 September 2018
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0022161

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 others and can accommodate both male and female residents.

Aras Mhuire Nursing Facility provides twenty-four hour nursing care to 30 residents providing 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 garden 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.

Current registration end date:	13/06/2020
Number of residents on the date of inspection:	30

How we inspect

To prepare for this inspection the inspector or 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
12 September 2018	09:25hrs to 15:30hrs	Sonia McCague	Lead

Views of people who use the service

Residents were complementary and positive with regard to their facilities, care services, the control they had in their daily lives and the choices they could make. Residents said their daily routines, activity provision and plans, and interactions with the local and wider community could not be better.

All of the residents were complimentary of the staff team and expressed great satisfaction regarding food and mealtimes, and of their ability to have a snack at any time.

In particular, residents were happy with the support and assistance from staff and management that were described as kind and caring. Residents felt safe and were able to identify whom they would speak with if they were unhappy with something.

Many of the residents spoken with commented positively on their beautifully maintained gardens and flower beds with vibrant colours. Many liked to access the outdoors and garden courtyard regularly while others said they preferred to look out on it and enjoy the internal garden and water feature. The spacious sitting rooms, bedrooms and meeting room that could easily facilitate residents' visitors and groups were also highlighted as a great benefit to have.

The provision of a daily mass service was a valued routine attended by most residents. Residents said they liked reading the daily newspaper, playing card or board games, completing crosswords, listening to music or watching television in the communal areas or in privacy of their own room which was facilitated. Residents said that they had all their needs catered for, were listened to and felt safe. One resident particularly enjoyed showing the inspector her memory box items and photographs that staff had helped her to bring together.

Capacity and capability

This report sets out the findings of an unannounced inspection carried out over one day. The purpose of which was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the actions required from the previous inspection March 2017, which were addressed. Information and notifications received since the previous inspection was also followed up.

There were 30 residents (two on respite) and no vacancies on the day of inspection.

There were no changes in provider, person in charge or in the management team since the registration granted.

Overall, the provider and person in charge has sustained a good level of compliance and demonstrated their ability to make improvements in the overall quality of care and service provided for residents. The organisational structure and reporting arrangements were effective and well known by staff and residents.

This is a good facility that has good systems and arrangements in place to include residents in its day-to-day running.

There is a clearly defined management structure and oversight arrangements were in place to ensure the quality and provision of appropriate care. Some improvement in the management of documentation, review and implementation of policy documents referenced below would enhance the oversight arrangements in place.

The levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. The facility had a low turnover of staff and operates a recruitment policy and selection process for prospective employees and work experience students, aimed at ensuring staff are suitable to care and support residents. The inspector was informed that all staff had a disclosure of Garda Vetting which was seen completed in the sample of the staff files examined. Staff recruitment and supervision arrangements described included a requirement to have all Schedule 2 documents, an induction and probation procedure. But evidence to demonstrate these practices were implemented in full was not found within the files examined as a record of references, formal induction, probation meeting and/or appraisal was not available.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities and were monitored and supervised in practice. The management record related to fire drills had improved since the previous inspection however an audit record of staff training and fire drills required some improvement. The records available did not provide sufficient detail to give assurance that all rostered staff had attended and participated in relevant training as stated or in accordance with the policies and procedures. In addition, some policies available to staff had not been fully implemented in practice and some had not been reviewed within the previous three years, as required.

General records were complete and accessible to residents such as the statement of purpose, contract of care, resident guide, last inspection reports, safety notices and activity programme. Other operational records such as staff records, the director of residents, insurance details, notifications, service records, risk assessments and incident records were stored safely and were accessible via staff. Clinical records were maintained in hard and soft copy format and touch screen devices were available on corridors for inputting care provided by staff.

An effective complaints procedure was operating. Residents told the inspector they were listened to and involved in decisions affecting them and in the care planning and review process. Residents reported that they received timely information and had opportunities to meet collectively or as an individual with those in charge at any

time. Residents and staff were on first name terms with each other. The inspector observed that residents were greeted with warmth and affection during encounters with staff. The atmosphere throughout the inspection was relaxed and calm and meaningful activities occurred naturally.

Regulation 15: Staffing

The staffing levels and skill mix at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff told the inspector they had access to relevant training and were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, dementia and protection of residents from abuse. The staff training records available and reviewed were unable to validate this therefore the inspector was not fully assured that all staff had completed training as required.

Staff described systems and arrangements in place for their supervision and to support their development. In the sample of files reviewed and from the information available there was no recorded evidence of the supervision and appraisal arrangements being formally completed.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained as required.

Judgment: Compliant

Regulation 21: Records

Records were maintained safely and were accessible.

Improvement in the management of documentation was required to enhance the recruitment, training and development oversight and assurance arrangements.

All Schedule 2 documents and a record of staff induction, probation and appraisal procedures was not found within the staff files examined or records available.

Judgment: Substantially compliant

Regulation 22: Insurance

A current record illustrating insurance cover for the centre and residents was available.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care had been agreed highlighting the terms on which residents reside, services to be provided and the fees required.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had procedures in place to receive and act on all types of complaints received.

Judgment: Compliant

Regulation 4: Written policies and procedures

The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

While many were reviewed following the previous inspection all policies had not some exceeded the required 3 year interval. In addition, some approved policies and procedures had not been fully implemented in practice which included the use of restraint, medicine management and recruitment policies.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care environment was spacious, clean, homely and tastefully decorated. Staff were welcoming and friendly, and the care and support services delivered to residents was of a high standard.

Staff knew residents well and discharged their duties in a respectful and dignified manner. Residents who spoke with the inspector said they were happy, respected, consulted with, and felt well cared for by friendly staff. All residents appeared content and relaxed during the inspection.

The management and staff of the centre were striving to provide a quality service for all residents. A person-centred approach to health and social care was observed. Meaningful activity and social engagement were promoted. Opportunities to engage within the wider community akin to residents previous lifestyles was encouraged and facilitated where appropriate. Residents were well cared for and expressed satisfaction with the care received. They felt safe and confirmed that they had autonomy and freedom of choice. Some spoke of the presidential nominees and confirmed they were enabled to vote when such an occasion arises. Residents spoke positively about the staff and the service provision. Groups of up to 10 residents had gone on six outings this year that included shopping in Dundalk, Drogheda and

Swords, trips to the sea-side and to parks. Wheelchair accessible transport, taxi services or family transport was available on request and by prior arrangement.

Great emphasis was placed on good communication arrangements and the provision of personalised care in enhancing residents' well-being. Choices and opportunities for interaction and engagement or privacy and relaxation, if preferred, were afforded. The staff team were delivering a service that placed the resident central to the delivery of care.

The daily routine included choice in care and support options, and in attending daily activities such as mass. Residents said they made informed decisions about their care, treatment plans and daily routines. This is facilitated through a comprehensive assessment and care planning system; activities programme, residents committee and menu planning.

Appropriate medical and health care was provided. Timely access to relevant services was evidenced and recorded. Clinical governance and multidisciplinary meetings took place on a regular basis to ensure appropriate health care, promote safe medicine management and to review treatment plans in consultation with residents and their representatives, if appropriate.

Communication systems were in place to enhance residents' participation and engagement daily in activities. Essential aids and equipment was available for their mobility and communication needs and staff were aware of the different needs of residents. Residents had access to radio, television, newspapers, telephones, newsletters, computers and an ipad for information and communication purposes. Directional and way finding signage was visible throughout to support residents' independence and circulation.

Residents' nutritional needs were assessed and reviewed, and known by staff supporting residents to eat and drink and to those preparing and serving food. The mealtime (lunch) observed was an unhurried social occasion that provided opportunities for residents to interact with each other. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner. The food was properly served and presented in an appetising way. Menus showed a variety of hot and nutritious choices at mealtimes. Snacks and drinks were available throughout the day.

An assessment of resident's views and wishes for the end of life were recorded and outlined in a related care plan that was subject to regular reviews. A care plan to include details and information of named persons to assist residents in decisions to be made was also noted in the sample of residents records reviewed.

Systems and arrangements were in place for safeguarding resident's finances and property. Procedures were in place as a pension agent for residents and for carrying out and documenting property transactions.

Measures were in place and implemented to protect residents from being harmed or suffering abuse. A restraint free environment in line with the national policy was promoted and supported by a local policy reflecting the national guidance document.

A low level of restraint use was reported and used as a last resort or at the request and consent of a resident.

Regulation 10: Communication difficulties

There were systems in place for communications between staff and the resident/families or other services.

Positive meaningful interaction was observed between staff and residents throughout the inspection and staff demonstrated having good interpersonal and listening skills. Communication aids, signage, picture aids, telephones, radios, newspapers, magazines and computers were available to assist residents.

Judgment: Compliant

Regulation 11: Visits

Entry and exit by visitors was unrestricted but controlled by staff.

A record of visitors to the centre was maintained and available at the reception area.

Judgment: Compliant

Regulation 12: Personal possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes and property within their bedrooms.

There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Judgment: Compliant

Regulation 13: End of life

Care practices, plans and facilities are in place so that residents receive end-of-life care in a way that meets their individual needs and wishes and respects their dignity

and autonomy.

All religious and cultural practices are facilitated. Family and friends are facilitated to be with the resident at any time and when they are dying. There is access to specialist palliative care services, when appropriate.

Judgment: Compliant

Regulation 18: Food and nutrition

Good communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food.

Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of residents weights, nutritional intake and risk of malnutrition.

Staff were knowledgeable of resident needs and preferences, and described suitable practices and communication systems in place to monitor and support residents that included assessments by the general practitioner, speech and language professionals or by a dietician.

Residents were provided with food and drink at times and in quantities adequate for their needs.

Judgment: Compliant

Regulation 20: Information for residents

There was a guide to the services and arrangement of the centre available to all residents and one located in each bedroom.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicine management policies and practices seen in place. In addition to the weekly and monthly medical and pharmacy arrangements, quarterly reviews and audits of all residents medicines were

undertaken by a general practitioner, pharmacist and nurse.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was evidence of a range of validated assessment tools being used to assess and monitor residents needs and abilities such as the risk of falls and malnutrition, cognitive status, mood, mobility status and skin integrity.

The assessment process informed the development and review of care plans which was carried out mainly by a named nurse in consultation with each resident or their representative.

Judgment: Compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's health, well-being and welfare was maintained by a high standard of nursing, medical and allied health care professionals.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with in making decisions around the running of the centre. Residents' rights were respected and their dignity was maintained.

Residents' meetings were held in the centre to discuss various aspects of the running of the centre and to identify areas for improvement.

Facilities for meaningful activities, occupation and recreation were available in accordance with residents interests and capacities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhuire Nursing Facility OSV-0000114

Inspection ID: MON-0022161

Date of inspection: 12/09/2018

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: ALL STAFF AT PRESENT WILL HAVE COMPLETED THEIR MANDATORY TRAINING BEFORE YEAR END. I WILL UPDATE MY TRAINING MATRIX TO ENSURE COMPLETE CLARIFICATION FOR NEXT INSPECTION. UNFORTUNATELY THIS WAS NOT APPARENT ON THE DAY OF INSPECTION.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: I WILL ENSURE THAT I WILL BE FULLY COMPLIANT WITH THE ABOVE REGULATION WITH IMMEDIATE EFFECT.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: I INTEND TO IMPLEMENT AND REVISE OUR CURRENT POLICIES.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/10/2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/11/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2018