

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Aras Mhuire Nursing Facility
Centre ID:	OSV-0000114
Centre address:	Beechgrove, Drogheda, Louth.
Telephone number:	041 984 2222
Email address:	nursemanager@arasmhuire.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aras Mhuire Limited
Provider Nominee:	Doreen McEvoy
Lead inspector:	Sonia McCague
Support inspector(s):	Una Fitzgerald
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 March 2017 10:00 To: 14 March 2017 13:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection carried out to inform a decision for the renewal of the centre's registration.

During the course of the inspection, the inspectors met with residents and staff, the person in charge and the provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents and/or their relatives or representatives were also reviewed.

Overall, the inspectors found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improve residents' outcomes. A person-centred approach to care was noted. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

Actions required following the last inspection in November 2016 had been addressed,

and substantial compliance with the regulations was found previously and during this inspection. The finding from both inspections will inform the renewal of registration decision.

Some improvement was required in relation to the size of an identified fire exit to ensure access and the escape of all residents and regarding the provision and recording of fire drills.

The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place to ensure the effective delivery of care as

described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous.

There was no change in the person in charge of the centre since the last inspection. During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that staff were approachable and receptive to new ideas.

The recruitment of staff had occurred since the previous inspection. Inspector reviewed these staff files and found they contained all the requirements of Schedule 2.

Suitable and sufficient staffing arrangements were confirmed by staff and residents. The number and skill set of staff on duty was sufficient to meet the assessed needs of residents. A programme of staff training was ongoing.

Arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate access to medical care and allied healthcare. Staff knew the residents well and discharged their duties in a respectful and dignified way.

A comprehensive auditing and review system was in place to capture statistical information in relation to resident quality outcomes, operational matters and staffing arrangements.

Clinical audits were carried out that analysed accidents, complaints, medicine management issues/errors, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. This information was available for inspection. A low level of incidents, accidents was reported and found from a review of records and discussions with residents and staff. There were no complaints since the previous inspection in November 2016.

Policies and procedures were in place to guide practice and service provision. The centre's insurance cover was current and a certificate of insurance was available.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017.

Interviews with residents during the inspection and satisfaction surveys completed by or on behalf of residents in preparation for this announced inspection were extremely positive in respect to staff, the provision of the care, the facilities and the overall service provided.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and a formal resident forum was held regularly. Other opportunities for consultation was afforded when staff were engaged in reviewing and

assessing the needs of residents and care planning process, during social and recreational activities and during discussions at meal times. Any issues seen recorded following consultations with residents had been considered and managed to ensure corrective action was taken. For example, modifications to the premises to separate the wash up area from the dining and kitchen area was being provided to reduce the noise levels identified and reported by residents. Changes in the menu choices and night time routines were also reported as addressed to the satisfaction of residents.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This outcome was inspected in November 2016 and found to be substantially compliant.

Inspectors followed up on a requirement to maintain checks of residents when bed rails were in use in line with the centre's policy and found this to have been satisfactorily addressed.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors found that the health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

The centre was clean and well maintained. Suitable furniture, fittings and equipment were available to staff and residents. Procedures and arrangements were in place to prevention and control of healthcare associated infections.

Reasonable measures were in place to prevent accidents in the centre and within the grounds. Clinical audits of resident dependency, incidents, falls, wounds, pressure ulcers, behaviour, weight and restraint use were maintained to monitor resident ongoing or changing needs, and to mitigate identified risk and an overall reduction of likely incidents and events.

A risk register along with health and safety audits were maintained and subject to review by the safety committee with heads of departments who met on a regular basis.

Staff were trained in moving and handling of residents, infection control and fire safety. Further dates for mandatory training were scheduled to include recently employed staff and refresh existing staff.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including the alarm panel, emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis.

Means of escape and fire exits were unobstructed and emergency exits were clearly identified. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm activation.

Staff interviewed and records reviewed confirmed regular fire drills had occurred. However, the recording of fire drills required improvement to include important information relating to the successes or failures identified during the drill, the scenario simulated, the time and extent of the evacuation to ensure the safe placement of residents.

On inspection of the new extension provided to the dining area inspectors found that an identified fire exit door from this area could not facilitate the exit of or escape by some residents seen in bariatric wheelchairs using this room. The provider representative and person in charge acknowledged this observation and consulted the fire officer and architect immediately. As a result written confirmation was subsequently received outlining that the door is to be replaced by 21 April 2017 to suitably accommodate the needs of all residents including those in wheel chairs or using modified chairs.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome was inspected in November 2016 and found to be substantially compliant.

The centre is a purpose built single story nursing home situated in the town. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner in accordance with schedule 6.

The inspectors found the centre to be warm, well maintained and suitably decorated throughout. The dining room and kitchenette had been refurbished so that meals could be prepared on site instead of being delivered from a central kitchen within the complex. However the kitchen was not yet operational. Inspectors were informed that catering staff were being recruited and would complete training and induction prior to the operation and opening of the kitchen on-site. It was anticipated that the facility would be open by the end of April 2017.

Inspectors followed up on a requirement to optimise functioning and support way finding for residents with dementia. They found that unique identifiers such as their previous occupation or pictures and photographs to help residents to identify their bedroom along with the use of contrasting colours in bedrooms and in bathroom furniture had been put in place to bring about improvements.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhuire Nursing Facility
Centre ID:	OSV-0000114
Date of inspection:	14/03/2017
Date of response:	06/04/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An identified fire exit door from the extended dining room could not facilitate the safe exit of or escape by residents using bariatric wheelchairs.

1. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

A 1m width fire door will be installed in the dining room to facilitate evacuation of Resident's in Bariatric wheel-chairs.

The existing contract for emergency lighting has been adjusted to quarterly service checks.

Proposed Timescale: 21/04/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The recording of fire drills required improvement to include important information relating to the successes or failures identified during the drill, the scenario simulated, the time and extent of the evacuation to ensure the safe placement of residents.

2. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:

A template for our fire drills has been developed, to include the successes and failures, the timing and the details of the procedure.

Proposed Timescale: Immediate

Proposed Timescale: 06/04/2017