



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:	02 February 2024
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0042765

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 eight single bedrooms and six 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 40 eight 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:	39
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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
Friday 2 February 2024	09:45hrs to 16:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Aras Mhuire Nursing Home is a well established centre where residents are supported to enjoy a good quality of life, by staff who were kind and caring. Feedback from residents received on this inspection was overwhelmingly positive in relation to their relationship with the management and staff in the centre. The inspector met the majority of the residents during this one day unannounced inspection, and spoke in more detail with eight residents to gain an insight into their experiences. Resident told the inspector that they felt safe, they were comfortable and very well looked after.

Following an initial meeting with the person in charge the inspector was accompanied on a walk around of the centre. All visitors to the centre were requested to wear face masks, as there was a high rate of respiratory infection in the community. The inspector complied with this request. Aras Mhuire Nursing Home is a designated centre for older people, that is registered to accommodate 40 residents. There were 39 residents living in the centre on the day of this inspection. The centre is situated in the town of Listowel, County Kerry and was originally built in 1971. The centre lies on the grounds of the local community hospital and some of Listowel towns community service buildings. Over the years there had been extensions and upgrades to the premises.

It was evident on arrival to the centre that painting and decorating of the premises were taking place in the main sitting room and the visitors room/conservatory, was being prepared for painting. At the entrance to the centre the inspector saw that the centre had a pet parrot and was informed that this had come to live in the centre with a resident. The inspector observed the centre was well maintained and clean throughout. Upgrades to the premises since the previous inspection had taken place such as redecorating and painting of the hallways, new shelving in communal rooms and enhanced decor in the dining room. The management and staff took pride in the centre and worked hard to provide an environment that was relaxed and comfortable for residents.

On the walk around the inspector observed there was a relaxed and friendly atmosphere in the centre. Some residents were observed having their breakfast while others were seen to be mobilising around the centre and being assisted to get up by staff. Bedroom accommodation comprises of 28 single bedrooms and six twin bedrooms. The majority of residents shared bathrooms facilities and the inspector saw that there were an adequate amount of communal bathrooms located throughout the premises. Eight of the centres bedrooms had en-suite facilities.

The inspector noted that bedroom sizes in the centre varied. Some of the single bedrooms, although they met the size requirement of the regulations, would not provide sufficient room if a resident required specialised equipment, such as a hoist. Therefore, these rooms would only be suitable for residents that could mobilise independently. This was outlined as a criteria for admission to these bedrooms in

the centres statement of purpose. Some of the resident's bedrooms were seen to be personalised with their own furniture, family photographs and soft furnishings. However, some bedrooms in the centre required painting and upgrades to decoration, which is actioned under regulation 17. There were two secure outdoor gardens in the centre, which one resident told the inspector they loved to use when the weather was warmer.

Residents were observed moving freely around the centre throughout the day, interacting with each other and with staff. The inspector saw that the corridors had grab rails along each wall, to assist residents to mobilise independently. The centre was seen to be clean and there were up to date cleaning schedules in place, which were checked by managers on a daily basis. Additional hand washing sinks had been installed in the centre since the last inspection.

The inspector had the pleasure of meeting with the chair of the residents committee. This person was a long standing resident in the centre and was a well known person to many of the residents. They told the inspector that they were very happy in their home and the team of staff in Aras Mhuire would do anything for the residents. Other residents told the inspector that this person was a great support to the residents living in the centre they ensured that everyone felt welcome and were happy. They always looked for feedback on peoples suggestions and ways that their life in the centre could be improved. This person chaired the residents meetings every month and liaised with the management team regarding any special requests.

The inspector observed that staff engaged with residents in a kind and respectful manner throughout the inspection. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. Staff who spoke with inspector were knowledgeable about the residents and their individual needs. Residents who spoke with the inspector confirmed that they had choice over their daily routine, including when to get up in the morning, the clothes to wear and whether or not they wished to partake in the day's activities. The inspector saw that residents who chose to stay in their bedrooms were checked regularly and visited by staff.

A significant proportion of residents living in the centre had a diagnosis of a cognitive impairment (50%). The inspector saw that those residents who could not communicate their needs appeared comfortable and content. Residents appeared well dressed and groomed in their own personalised styles. Visitors were seen to come and go throughout the day of inspection. The inspector had the opportunity to meet with two visitors, who spoke positively about the care their family member received.

The inspector was told by residents that there was a culture of open communication in the centre and that they had a positive relationship with the staff. They explained that they would always speak to the person in charge or a member of the management team if they had any issues or problems. One resident relayed to the inspector that they were surprised how quickly any issues or suggestions were addressed by the management team and feedback was encouraged and very welcome. Another resident described how they were able to maintain their

independence with the support of the staff and they described the home as resembling a small family. The inspector observed that residents were encouraged and supported to go into Listowel town independently and home for weekends.

Residents had good opportunities to partake in activities as there were two activities coordinators working in the centre daily. Residents were seen to partake in games, crosswords and one to ones in their bedrooms. There were also two volunteer musicians, who attended the centre every Friday evening for two to three hours. Residents told the inspector they looked forward to this weekly event and the music brought back great memories for them. The inspector saw the musicians had lovely interactions with residents where they asked them to request songs, spoke about the history of songs and reminisced about old times. The inspector had the opportunity to meet with these volunteers who expressed the enjoyment they felt attending the centre weekly and the privilege of meeting with the residents and playing music for them.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection conducted over one day, to monitor ongoing compliance with the regulations. The last inspection of this centre had been in April 2023. Overall, the findings of this inspection were that the governance and management of Aras Mhuire Nursing Home was robust which ensured that residents received good quality and safe care and services. The provider and team of staff were committed to a process of quality improvement with a focus on respect for residents human rights.

The registered provider of the centre is Aras Mhuire Nursing Home Limited, which is a voluntary body. There are ten directors of the limited company, which comprises of people from the local North Kerry Community who are on the board in a voluntary capacity. It was evident that the registered provider had good oversight of operations within the centre via monthly board meetings. The provider had recently submitted an application to renew the registration of the centre, as per the requirements of the regulations. The inspector was informed that members of the board were always available if needed, one of which attended this inspection for the feedback meeting.

The governance and management of the centre was well organised and the management structure was well established and clear. The centre was being managed by an appropriately qualified person in charge supported by an assistant director of nursing and two part time clinical nurse managers. They had a good knowledge of the regulations and their responsibilities. The management team was supported by a full complement of staff including nursing, care staff, activity

coordinators, housekeeping, administration, catering and maintenance. There were deputising arrangements in place for the person in charge.

On the day of the inspection the centre was adequately resourced, from a staffing perspective 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 of staff which ensured that residents benefited from good continuity of care from staff who knew them well. There was an ongoing recruitment process to ensure that the centre had sufficient staffing resources. In response to the findings of the previous inspection the provider had increased resources allocated to cleaning and maintenance, which demonstrated good governance and had a positive impact on environmental hygiene.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. Volunteers were recruited as per regulatory requirements. Incident records were being maintained and there was good oversight of incidents by the person in charge. From a review of the records maintained at the centre, it was evident that incidents were notified to the Chief Inspector, in line with legislation.

The quality and safety of care was being monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. Key performance indicators are also used to support the monitoring of clinical care practices in areas such as falls, incidents, restraint and infection. Improvements were noted on this inspection in the oversight and monitoring of infection control and of maintenance of the premises. Complaints were being managed in line with requirements of the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a suitably qualified nurse with experience in the care of older persons and a management qualification. They had a strong presence in the centre and were well known to the residents and families. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents.

Judgment: Compliant

Regulation 15: Staffing

Based on the size and layout of the centre, and having regard for the assessed needs of the residents, the inspector was assured that there was a sufficient level of staffing with an appropriate skill-mix, across all departments.

Judgment: Compliant

Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector. The previous inspection of the centre found that some records were not stored securely. This had been addressed and all records were found to be stored appropriately.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had insurance in place to protect the residents and their property in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for improvement through the audit process were addressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose, as per regulatory requirements and it contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There were volunteers working in the centre. The roles and responsibilities of all volunteers were clearly recorded and Garda Síochána vetting was in place for all volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log and found that all verbal and written complaints had been well documented and investigated in line with the complaints policy and procedure of the centre. Learning from the complaints had been identified and the learning was discussed meetings. The complaints procedure was overseen by the person in charge, who was the named complaints officer.

Judgment: Compliant

Quality and safety

Overall the inspector found the care and services provided to the residents in Aras Mhuire Nursing Home was of a very good standard. Residents spoke positively about the care and support they received from staff and told the inspector that they were very contented and felt safe in their home. Residents living in the centre were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and good opportunities for social engagement.

Residents healthcare needs were met to a high standard and there was satisfactory evidence that residents had timely access to healthcare and medical services. Residents had access to local general practitioners who attended the centre weekly and there was an out of hours service when required. There was also access to allied health care professionals such as physiotherapy, occupational therapy and dietitians.

Resident's health and social care needs were assessed on admission to the centre. A review of resident's care plans found that they were developed and reviewed at intervals not exceeding four months, in consultation with the resident, and where appropriate, their relative. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents. Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents, which resulted in good outcomes for residents. This was detailed in the daily progress notes and the individualised plans of care, which were regularly reviewed and updated when residents' condition changed.

Residents were supported with their communication requirements and were assisted to communicate freely. 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 restraints in use on the day of this inspection. There was evidence that alternatives were used such as crash mats and low low beds.

This inspection found that the governance and management of fire safety in the centre was robust and effective systems underpinned a high standard of maintenance of fire safety systems. The provider had arranged to carry out a fire safety risk assessment of the centre in 2022, by a competent fire professional to ensure that the fire safety measures were adequate. This resulted in a programme of upgrades to the premises which included a reduction in the size of compartments, upgrades to fire doors and fire stopping in the attic. The provider had taken appropriate measures and allocated increased financial resources to fire safety. Fire precautions were enhanced to protect residents and recommended work was now complete.

Based on the observations of the inspector there were generally good procedures in place in relation to infection prevention and control. Additional resources had been allocated to housekeeping and hand washing sinks had been installed throughout the premises. The management team had also improved the monitoring of environmental hygiene, in response to the findings of the previous inspection. Staff were observed to be appropriately using personal protective equipment on the day of this inspection.

Management and staff promoted and respected the rights and choices of residents in the centre. Resident meetings took place monthly chaired by a resident and surveys were undertaken to seek residents views on the running of the centre. Residents were consulted with about their individual care needs and had access to independent advocacy.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported to communicate freely. Residents were also supported to access additional supports such such as assistive technology to assist with their communication.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was laid out to meet the needs of the residents, however, some areas, particularly some bedrooms were dated and were in need of refurbishment, painting and redecoration.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation used when residents were discharged from the centre on a temporary basis to hospital indicated that all relevant information, pertaining to the resident was included. A record of this was also kept in the residents file, as per regulatory requirements.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that infection control procedures were consistent with the national standards for infection prevention and control in community services (2018). Areas identified, to be addressed on the previous inspection had been actioned. There was effective oversight of infection control in the centre to identify potential risks and opportunities for improvement. The assistant director of nursing was the on-site infection prevention control link practitioner. They had protected time to promote good infection prevention and control practice within the facility, as recommended in the National Guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment and the fire alarm and emergency lighting were serviced in accordance with the recommended frequency. Personal emergency evacuation plans were in place for each resident and updated on a regular basis. All staff working in the centre received training in fire safety. Fire drills of compartments were taking place in the centre to ensure that staff were trained and competent in evacuating residents in a timely manner, in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs and their preferences for care and support on admission to the designated centre. Care plans were person-centred and reflected the residents' current needs for care and support in order to maximise the quality of their lives in accordance with their wishes. All residents had a care plan in place and these were updated at a minimum of every four months, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

There was good access to allied healthcare professionals including physiotherapist and occupational therapist. In addition, the centre also has access to dietetic, speech and language, and chiropody services. Residents were supported by the psychiatry and community mental health teams locally. In the sample of files reviewed, information regarding the assessment, involvement and recommendations of these services was reflected. Weights were closely monitored and where required, interventions were implemented to ensure nutritional needs of residents were met. Sudden weight loss was investigated and managed in a timely manner. Wound care was well-managed with clear documentation of assessment and wound management details.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre promoted a restraint free environment. Staff were observed to deliver care appropriately to residents who had responsive behaviours. Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs.

Judgment: Compliant

Regulation 8: Protection

Residents reported feeling safe in the centre and would have no difficulty talking to staff should they have any concerns. The provider was not a pension agent for any resident on the day of this inspection. The inspector reviewed finances and there was a good system of reconciliation and verification of services provided, before residents or their families were invoiced. Prior to commencing employment in the centre, all staff were subject to An Garda Siochana (police) vetting.

Judgment: Compliant

Regulation 9: Residents' rights

Care was person centred in Aras Mhuire Nursing Home and residents' rights were upheld. Residents were supported to maintain their links with family and friends and their local community. Residents had access to television, newspapers and other media. There were facilities for meaningful occupation and entertainment. It was evident that residents were encouraged to maintain their independence and to make choices about how to spend their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Mhuire Nursing Home OSV-0000190

Inspection ID: MON-0042765

Date of inspection: 02/02/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The refurbishment plan for all bedrooms commenced in September 2023, painting and redecoration of all bedrooms will be completed by October 2024	

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 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	31/10/2024