



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Older People

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:	18 June 2019
Centre ID:	OSV-0000190
Fieldwork ID:	MON-0024169

## 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:	38
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## How we inspect

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
18 June 2019	10:30hrs to 17:45hrs	John Greaney	Lead
19 June 2019	08:30hrs to 15:45hrs	John Greaney	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with residents throughout the inspection in various locations of the centre, including residents' bedrooms, lounges and dining rooms. Feedback was positive about the overall service as well as the standard of care provided. Residents stated that staff were helpful, kind and considerate. They said that they could raise any issue with the person in charge and that anything raised was addressed. Residents reported that they had access to facilities and activities both in the centre and in the community.

## Capacity and capability

The inspector was satisfied that there was a clearly defined management structure in place, with effective governance arrangements for the day to day operation of the centre.

The centre is operated by a voluntary board of directors and the board meet approximately every month. Members of the board are from a variety of professional backgrounds, each offering different areas of expertise to the board. The person in charge is a registered nurse and is supported by an assistant director of nursing and a clinical nurse manager. The person in charge attends board meetings to keep the board informed on issues such as finances, staffing, complaints and other issues of significance.

While there were effective governance arrangements, it was noted that annual fees were not paid within the specified timeframe in accordance with Regulation 8(2) of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. Consequently, the provider was invited to a meeting with the Deputy Chief Inspector and, subsequent to that meeting, was issued with a warning letter, stating that failure to pay fees may result in the attachment of conditions to the registration of the centre.

There were systems put in place for monitoring the quality and safety of care provided to residents. There was an annual review of the quality and safety of care, that incorporated views of residents. There was a comprehensive programme of audits across a range of areas, including hand hygiene, care plans, health and safety, medication management, clinical documentation, catering, infection prevention and control and emergency bell response times. There was evidence of action taken in response to required areas of improvement. There was also evidence of discussion of the findings of audits at staff meetings.

There was evidence of consultation with residents through residents meetings. These meetings were chaired by a resident and the inspector also observed that this resident advocated on behalf of other residents that may be more reserved in making requests. There were also a number of relative meetings scheduled, however, relatives rarely attended these meetings. Feedback was also obtained through resident and relative surveys and records indicated that any issues raised were addressed.

There were systems of communication in place to support staff with providing safe and appropriate care. There were handover meetings at the start of each shift to ensure good communication and continuity of care from one shift to the next. Regular staff meetings took place. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories.

Mandatory training was in place and all staff had received up-to-date training in fire safety, safe moving and handling, safeguarding vulnerable persons and responsive behaviours. Other training provided included infection prevention and control, cardiopulmonary resuscitation, medication management for nursing staff, and falls prevention.

Duty rosters were maintained for all staff and during the two days of inspection, the number and skill-mix of staff working during the day and evening was observed to be appropriate to meet the needs of the current residents. The staff roster was under constant review and there was flexibility built into the roster to allow for additional staffing when it was determined that the workload was beyond the capacity of the rostered staff.

The inspector reviewed a sample of staff files, which included most of the information required under Schedule 2 of the Regulations. Evidence of registration for 2019 was seen for nursing staff. Garda vetting was in place for all staff and no staff commenced employment until all aspects of vetting were in place. References from previous employers were verified for authenticity. However, of a sample of files reviewed, the employment history for some staff contained gaps for which an explanation had not been obtained. A file was kept for volunteers that worked in the centre.

There were systems in place to manage critical incidents in the centre. A review of the incident log indicated that each incident was reviewed and actions were taken to minimise the risk of recurrence. There was also an annual audit conducted of incidents to identify trends as an opportunity for quality improvement.

## Regulation 14: Persons in charge

The person in charge is a registered nurse and has the required experience in care of the older person. Residents and visitors were familiar with the person in charge and it was clearly evident that she was involved in the the day to day operational

management of the centre.

Judgment: Compliant

### Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services. Staff were familiar with residents and residents appeared comfortable in the presence of staff. All interactions observed by the inspector between staff and residents were conducted in a respectful and caring manner.

Judgment: Compliant

### Regulation 16: Training and staff development

A culture of learning for staff was promoted through training and professional development. All mandatory training was up to date. There was an induction process for new staff and ongoing appraisal for existing staff. Where it was identified that there was a need for performance improvement, additional training was facilitated and enhanced supervision measures were put in place.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all of the information specified in the regulations.

Judgment: Compliant

### Regulation 21: Records

Policies and procedures in accordance with Schedule 5 of the regulations were maintained and reviewed at a minimum of every three years. Records were stored securely and easily retrievable. While most of the requirements of Schedule 2 of the regulations were met, not all employment histories contained in employees

personnel files contained a satisfactory explanation for gaps in employment.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was evidence that the centre had current insurance in place.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure with identified lines of accountability and responsibility for the management of the centre. Overall responsibility for the centre lay with a voluntary board of directors. The person in charge reported to the board at monthly meetings but was also in regular contact with the chairperson of the board. The person in charge was supported by an assistant director of nursing and a clinical nurse management.

There was a system in place for monitoring and reporting on the quality and safety of care delivered in the centre. The annual review of quality and safety of care was completed in July each year and the review for the current year was in the final stages of completion. The review was underpinned by a programme of audits. There was action taken in response to any issues identified through the audit process.

Decisions in relation to the operational management of the centre incorporated input from residents. Recent renovations involving the relocation of the prayer room involved detailed consultation with residents and approval, prior to a final decision on the project.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Each resident had a written contract of care that included details of the fees to be charged, including fees for additional services such as transport to appointments, hairdressing charges and fees for activities. The contract also included details of the room to be occupied by the resident and the number of other residents in that room, if any.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose that detailed the services and facilities available to residents in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a policy and procedure governing the management of complaints in the centre. There was a notice on display outlining, for residents and visitors, the procedure for making complaints, the person responsible for addressing complaints and an independent appeals process. A review of the complaints log indicated that complaints were recorded and investigated. The log also detailed whether or not the complainant was satisfied with the outcome of the complaints process.

Judgment: Compliant

## Quality and safety

The rights, privacy and dignity and independence of residents were promoted and protected. Residents were consulted in relation to the day to day operation of the centre and there were no significant decisions made without the involvement of residents in the decision-making process. Residents were consulted both formally through residents' meetings and surveys, and informally through opportunistic chats.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. Bedroom accommodation was provided in twenty two single bedrooms and eight twin bedrooms. Recent renovations to the centre facilitated reducing two former twin bedrooms to single occupancy, as these bedrooms were marginal in size in relation to their capacity to accommodate two residents. Planning was at an early stage in addressing a further two bedrooms that were also marginal in size for the number of residents accommodated in them.

There was adequate communal space provided in two sitting rooms, a dining room, a visitors room and a conservatory. While the dining room could not accommodate all residents in one sitting, there were two meal sittings, so that all residents that

wished to have their meals in the dining room could do so. Residents had good access to secure outdoor space. There was an internal courtyard decorated with garden furniture, raised plant beds and a water feature. There was also a larger outdoor grassed area, that was also accessible to residents.

There was a good level of visitor activity throughout the inspection with visitors saying they felt welcome to visit. The inspector met and spoke with a number of visitors who indicated that they had open access to visit their relatives. There was a small visitors room available where residents could receive visitors in private, if they wished. Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents voted in the centre at the recent local elections and referendum, while some residents were supported to vote in the local electoral centre. Residents' religious preferences were ascertained and facilitated.

There were a number of staff responsible for the provision of activities, some of whom were employed through a community education scheme. Activities were facilitated seven days a week throughout the day and evening. There was a comprehensive programme of activities available to residents which included Sonas, art and crafts, bingo, sing-songs, exercise sessions, religious activities, and other more individualised activities. Residents and relatives told the inspectors how much they enjoyed the activities. The centre had access to a six-seater, wheelchair accessible vehicle and residents were taken on frequent trips to local attractions and amenities.

Residents' healthcare needs were met to a good standard. Residents were facilitated with access to a general practitioner (GP) of their choice and were reviewed regularly. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, dental and opticians. Residents in the centre also had access to specialist mental health services and were reviewed as required. Overall residents and relatives expressed satisfaction with the healthcare service provided.

Prospective residents had a pre-admission assessment carried out to ascertain if the centre could meet their assessed needs. Most residents were admitted from home or were transferred from other centres. Comprehensive assessments were carried out on admission and these were reviewed at regular intervals. Care plans were developed based on these assessments and these were seen to be personalised and provided good guidance on the care to be delivered to each resident on an individual basis.

There were written operational policies on the ordering, prescribing, storing and administration of medicines to residents which were adhered to by staff. Audits of medication management were conducted on a regular basis.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of food at

mealtimes, including residents that were prescribed modified texture diets. The inspector saw staff assist residents with their meals in a discreet and sensitive manner. Residents were complimentary about the quality of food, the choice available and the quantities provided. Mealtimes were seen to be social occasions and residents were seen to interact with each other throughout the meal.

Measures were in place to protect residents from being harmed or suffering abuse. All staff had attended training in safeguarding residents from abuse and staff spoken with demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. Where there were suspicions or allegations of abuse, adequate measures were put in place to protect residents. There were adequate measures in place to safeguard residents' finances and adequate records were maintained.

There was a centre-specific restraint policy, which promoted a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector was informed that the centre had a no bedrail policy and bedrails had been all but eliminated from use. There was evidence that alternatives, such as low profiling beds and alarm mats were in use to minimise the use of restraint.

There were measures in place to ensure that adequate measures were in place in relation to fire safety. Fire safety equipment was had preventive maintenance carried out at recommended intervals. All staff had attended up-to-date fire safety training. Fire drills were conducted regularly to ensure that staff were familiar with centre specific practices in relation to evacuating residents in the event of a fire.

## Regulation 11: Visits

Other than at mealtimes, there was an open visiting policy, and visitors were seen coming and going in the centre throughout the days of inspection.

Judgment: Compliant

## Regulation 13: End of life

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the service provided to residents and their families. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Residents had been afforded the opportunity to outline their wishes in relation to care at end of life.

The centre were supported in the provision of end of life by the local palliative care team, to which there was good access. Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if

relatives wished to stay overnight. There was a procedure in place for the return of possessions.

Judgment: Compliant

### Regulation 17: Premises

The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The centre was generally clean and bright throughout. The inspector noted ongoing improvements to the premises since the previous inspection. This mainly involved reducing two twin bedrooms to single occupancy, as both of these rooms were marginal in size and limited the opportunity for residents to create a homely environment. Plans were afoot to address two other bedrooms that had similar limitations.

Residents were supported to personalise their bedrooms with personal mementos and photographs. There was adequate space for residents to store personal clothing and possessions. There was a laundry on-site and there were procedures in place to return clothing to residents following laundering.

Painting was ongoing in the centre but there continued to be some evidence of damaged paintwork and scuff marks, particularly on doorways. The window surround in the new bedroom was unfinished, as it had not yet been plastered. The inspector also noted that there was an area on the ceiling where plasterwork had become loose. Some of these issues were addressed prior to the end of the inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Most residents had their meals in the

dining room.

Judgment: Compliant

### Regulation 26: Risk management

There were adequate procedures in place in relation to the management of risk. There was a risk management policy that addressed the requirements of the regulations. Accidents and incidents were recorded and investigated to identify what actions were required, if any, to minimise the risk of recurrence. Accidents and incidents were also included in the programme of audits to identify opportunities for learning.

Judgment: Compliant

### Regulation 28: Fire precautions

There were adequate procedures in place for fire safety. All staff had attended annual training in fire safety. Staff members spoken with by the inspector were knowledgeable of local fire safety practices and the procedures to be followed in the event of a fire. There were regular fire drills that incorporated the simulated evacuation of residents. The fire alarm and emergency lighting had preventive maintenance completed on a quarterly basis and fire safety equipment was serviced annually.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medication administration practices observed by the inspector were predominantly in compliance with relevant guidance. Residents prescriptions were review regularly by each resident's GP. Medication was stored and disposed of in compliance with professional guidance. All staff nurses had completed a medication management training module.

Medicines were stored securely, however, the inspector did observe the medicines trolley was left open and unattended outside the dining room on one occasion, while the nurse was administering medicines to a resident in the dining room. Medicines requiring special control measures were counted at the end of each shift and whenever they were administered. The fridge temperature was monitored and

recorded
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and care plan</b>
Comprehensive assessments were completed and updated regularly in consultation with residents. Care plans were individualised to residents wishes and needs, and supported positive outcomes for residents.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had timely access to medical services. Records demonstrated residents were regularly reviewed by their GP. Residents had access to allied health professionals such as speech and language therapy and dietetics following referral. There was a system in place to ensure that residents that qualified for the various national screening programmes, such as BreastCheck, CervicalCheck and BowelScreen, were facilitated to avail of these programmes.
Judgment: Compliant
<b>Regulation 8: Protection</b>
<p>Residents spoken with by the inspector stated that they felt safe in the centre and staff treated them kindly. Staff spoken with demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. Training records indicated that all staff had attended training in recognising and responding to abuse.</p> <p>There were no barriers to staff reporting suspicions or allegations of abuse. Where there were suspicions or allegations, these were adequately investigated and safeguarding measures were put in place during the investigation.</p> <p>There was minimal use of bed rails and where these were in place, there was a risk assessment conducted prior to the use of bed rails and were safety checks conducted at regular intervals while bed rails were in place.</p> <p>There were adequate records in place in relation to residents' finances. The provider was not pension agent for any residents.</p>

Judgment: Compliant

### Regulation 9: Residents' rights

There were procedures in place for consulting with residents in relation to the day-to-day operation of the centre. There was a residents' committee, which was chaired by a resident. Meetings were held regularly and the agenda of the meetings included a review of issues raised at the previous meeting. Meetings were also scheduled for relatives on a regular basis.

Residents had control over their daily routine, such as when and where to have their meals, what time to get up in the morning and when to go to bed. There was a comprehensive programme of activities and residents had good access to activities in the local community.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Aras Mhuire Nursing Home OSV-0000190

Inspection ID: MON-0024169

Date of inspection: 19/06/2019

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Both CV's were brought up to date during the inspection.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The painting that was taking place on the arrival of the inspector has now been completed. All repairs have been carried out and the premises now complies with regulation	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A nurses meeting was held and the incident and learning shared with all staff. Audits will be conducted to ensure compliance with Medicines and Pharmaceutical services is maintained.	



## 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	23/07/2019
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	23/07/2019
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	23/07/2019

