



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

## Issued by the Chief Inspector

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:	19 October 2021
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0034381

## 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 lay people and can accommodate both male and female residents. Aras Mhuire Nursing Facility provides twenty-four hour nursing care to 30 residents for 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 gardens 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.**

Number of residents on the date of inspection:	30
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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
Tuesday 19 October 2021	10:45hrs to 17:30hrs	Nuala Rafferty	Lead

## What residents told us and what inspectors observed

The inspector observed a very tranquil and happy environment for residents to enjoy. All residents who spoke with the inspector on the day said that they were satisfied with the care and services they were receiving in the centre. Residents confirmed they were assisted, supported and encouraged to actively participate in, and make decisions on their day to day life. The centre mainly provides care to retired members of the Medical Missionaries of Mary congregation and the mood is one of spirituality, peace and reflection.

The inspector observed that staff knew the residents well and were familiar with their needs and preferences for care. The interactions between residents and staff were positive and staff showed genuine respect and empathy for their residents. As a result residents were well cared for and their care and daily routines were person centred and reflected their preferences. For example, residents chose the time they wished to rise in the morning and to retire at night. Breakfast was flexible and a late breakfast was available if a resident chose to lie in. There were a number of activities provided during the inspection and residents could choose if they wanted to participate. Where a resident refused an activity or care intervention this was respected by staff.

Residents told the inspector that staff were kind and caring and that they felt safe in the designated centre. Residents said that if they had anything they were worried about they could talk to the person in charge or any staff member who would help them. In conversation with several residents over lunch the inspector heard about their daily lives and how they came to live in the centre. The inspector learned that the day was very structured as most residents were used to an orderly routine, but that residents could, and did choose to opt out of any part as they wished. All said they were very content living in the centre where they had retired after an illness.

All were well informed on the changes that had occurred to daily life during the recent COVID 19 pandemic and were kept up to date by the person in charge and other staff. All of the residents spoken with, had a great deal of praise for the variety and extent of their activity programme. The art and exercise classes and bingo games being the most popular. The inspector was also told that some of their friends came in the evenings to play scrabble. Some also enjoyed regular walks in the garden and the inspector met one lady who was going out to pick a rose, something she loves to do on a daily basis.

The premises were warm and comfortable and residents had a choice of seating areas and where to spend their time. There were several main communal areas available for resident's use. These included a large oratory, a visitors' room, a therapy room, a small sitting area in the lobby and a library. All were safe bright, comfortably furnished and tastefully decorated. Some of them also overlooked the gardens. The gardens were easily accessible from the communal areas and residents

said that they enjoyed their outside space during the warmer weather.

Residents bedrooms were bright, comfortable spaces, with many filled with residents' photographs, pictures and personal possessions. Rooms were of an adequate size to allow ease of movement and were suitably furnished for storage, with wardrobes or chest of drawers, shelving and lockers. En-suites and assisted shower rooms were clean and spacious, with adaptive and assistive devices such as grab-rails and shower chairs. Residents were observed to be supported to live as independently as possible in the centre, and the inspector observed hand rails and call bells in appropriate locations. Residents were observed moving around the centre freely, and appropriate social distancing was maintained.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. The daily running of the centre was overseen by a highly visible person in charge, who was observed to give clear and effective leadership to staff. The services were delivered by a well-organised team of trained competent staff.

Aras Mhuire Limited is the registered provider for Aras Mhuire Nursing Care Facility. The management team consists of the registered provider representative, who is also the pastoral leader for the centre and the person in charge. They are supported by an assistant nurse manager, business manager and catering/household support manager. A clear governance structure was in place with clear roles and responsibilities. Staff were familiar with the roles of each member of the management team and aware of who they should report to. There was evidence of good communication within and between the staff and management team.

The person in charge, who facilitated the inspection, had a good understanding of their statutory role and responsibilities, was aware of and responded to, previous inspection findings and demonstrated an ability to provide clear leadership and direction to staff throughout the day. The inspector found that the person in charge was familiar with the needs of residents and committed to a continuous quality improvement strategy to deliver safe consistent and effective services to them.

Resources were allocated to promote a culture of safety and quality in the centre and residents' rights were promoted and upheld by staff in a culture of equality and inclusion.

From an examination of the staff duty rota, communication with residents and staff it was found that the numbers and skill mix of staff at the time of inspection

were sufficient to meet the needs of the 30 residents accommodated in the centre.

Staff had access to a good training and development programme. The inspector looked at records which showed staff participation at the training. The programme included mandatory annual or bi annual training courses such as fire safety, infection prevention and control and hand hygiene. It also included training to enable staff deliver person centred care, such as, safeguarding, dementia care, care planning and assessment of needs. However it was noted that there were some staff who had not yet completed aspects of the mandatory training required.

Plans were in place to meet planned and unplanned staff absences and records showed that recruitment practices were compliant with employment and equality legislation. An Garda Siochana (police) vetting disclosures provided assurances for the protection of residents prior to staff commencing employment.

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available. However, some relevant policies had not been reviewed to reflect the most recent national guidance contained in 'Interim Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Covid-19 Cases and Outbreaks in Residential Centres. This is discussed further under the relevant regulation in this report.

The centre had an accessible complaints policy and procedure in place. There were no formal complaints recorded but a small number of issues raised verbally by residents were recorded. The inspector found that these were investigated and responded to, in a timely open and transparent manner, by the person in charge who was the designated complaints officer. A review of each issue raised was conducted within one month to determine the satisfaction of the resident with the response.

An annual review was completed in respect of the manner and standard of services delivered to residents throughout 2020. The report contained evidence of consultation with residents and their families and a quality improvement plan was in place for ongoing improvement of services in the centre.

## Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced registered nurse on a full-time basis. The person in charge had responsibility for the day to day management of staff and residents and had authority to make decisions in order to ensure that residents received a safe and appropriate service.

Judgment: Compliant

### Regulation 15: Staffing

Sufficient numbers of staff with the required skills and knowledge to meet the needs of the current resident profile were available on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

There were gaps in the training matrix where a small number of staff had not completed refresher training in some mandatory areas, such as:

- fire safety
- moving and handling

Judgment: Substantially compliant

### Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance. It included processes to audit, assess, address and review the delivery of services to facilitate high quality, safe supports and care provision to residents. Documentation showed that that regular reviews of clinical care and risk indicators such as accidents and incidents, use of restrictive practices, skin integrity, nutritional status, or rates of infection, were used to assess the standard of care residents received.

Management reports were prepared based on risk and other indicators such as resident occupancy, staffing resources, environmental and maintenance issues. These were discussed at monthly governance meetings to ensure that the service achieved it's objectives.

Judgment: Compliant

### Regulation 3: Statement of purpose



There was a written statement of purpose that accurately described the service that was provided in the centre. It was regularly reviewed and was available in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place.

Records showed that residents' concerns were listened to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to their concerns.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available, implemented and regularly reviewed in the centre. However, a number of relevant policies required further review to reflect the most recent national guidance contained in 'Interim Public Health and Infection Prevention and Control Guidelines on the Prevention and Management of Covid-19 Cases and Outbreaks in Residential Centres, including policies related to:

- admission and transfer of residents
- end of life care
- health and safety, including food safety of residents, staff and visitors

Judgment: Substantially compliant

### Quality and safety

The quality of service and quality of care delivered to residents was of a high standard. The ethos of care was one where the resident's independence was promoted and their rights were upheld. Overall, the inspector found that residents' rights for choice, self-determination and autonomy were supported and their rights

to dignity and privacy were upheld. Residents enjoyed a good quality of life in which their care needs were met by staff who knew them well and worked hard to ensure that their preferences for care and daily routines were accommodated.

Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspector spoke with several residents and those residents who could voice their opinion told inspectors that they felt safe. Inspectors also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

Residents were consulted with and had opportunities to make choices in their daily lives and were participating in the organisation of the centre through regular resident meetings and other feedback.

The standard of nursing documentation was good. The inspector found that the assessments and care plans provided a clear picture of the residents' assessed needs and the care they required. Care plans reflected a person-centred approach to care and incorporated the resident's preferences for care and support in addition to their assessed needs.

Residents' had timely access to all allied health and social care professionals such as, physiotherapy, occupational therapy, dietetics, optical, dental and podiatrist services. The residents were seen by their general practitioner (GP) on a regular basis. This facilitated them to have their health care needs met and live a healthy life style.

An assessment of preparedness and contingency planning for a COVID-19 outbreak was completed by the provider. The contingency plan was regularly updated, it identified key resources and the actions required to ensure their continuous provision in the event of an outbreak.

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and limit the impact of potential outbreaks on the delivery of care. However some areas for improvement were noted and are outlined under regulation 27. The inspector observed some examples of good practice in the management of COVID-19 such as good hand hygiene practices and adherence to good practice when wearing face masks. Staff had access to personal protective equipment and hand sanitisers in all areas, and clinical wash hand basins in some areas. However, the wash hand basins required review to ensure they met current standards.

There was a weekly schedule of activities developed by the activities co-ordinator following consultation with the residents. The activities kept them busy throughout the day. The wide variety of activities included in the schedule, ensured that all residents had some form of activity they enjoyed, available to them.

## Regulation 11: Visits

The centre was COVID-19 free at the time of this inspection and arrangements were in place for residents to receive their visitors in private. Visits were pre booked to manage footfall and social distancing.

A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises were appropriate to the number and needs of the residents and were in accordance with the centre's statement of purpose. The centre was well maintained in a good state of repair and following the last inspection the provider had addressed issues relating to the provision of adequate storage to ensure equipment was safely and appropriately stored.

However the inspector saw a small number of rooms without appropriate signage to indicate their purpose and function for the benefit of residents and visitors orientation.

Judgment: Substantially compliant

### Regulation 27: Infection control

Some improvements to infection control practices were found to be required. These included:

- a process and monitoring system to ensure all communal equipment was cleaned in between each use
- a review of all wash hands basins, designated as 'clinical' wash hand basins, to ensure they conform to current infection prevention and control standards in that they are operable in hands free mode, do not contain a stopper and are of suitable depth to prevent splash back.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in

place to reflect the assessed needs. Assessment and care plan reviews took place within a four month period or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review. A review of the system to record residents preferences for end of life care, in particular on their wishes for active resuscitation was required to ensure consistency of approach.

Judgment: Compliant

### Regulation 6: Health care

A high standard of evidence-based nursing care, in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais was provided to residents. Residents' had access to their General Practitioner (GP), who visited the centre to review residents regularly. Residents also had access to members of the allied health care team as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff had participated in training to update their knowledge and skills in supporting residents who might display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector was told none of the current residents were displaying responsive behaviours.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures which staff understood and implemented. There were no reports of alleged abuse in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld throughout the service and staff demonstrated respect for the dignity and autonomy of the people they cared for.

Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were viewed participating in activities co-ordinated by the activities co-ordinator, or by care staff, those residents with dementia were included.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially 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 Facility OSV-0000114

Inspection ID: MON-0034381

Date of inspection: 19/10/2021

## 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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>I will ensure that staff have access to appropriate training as per Reg 16. (1)</p> <p>This has been difficult due to lack of facilities, and high risk situations, in line with Covid Restrictions.</p> <p>We will have our second Fire Safety Training completed before end of year, and Manual Handling practical training is been restructured.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The policies and procedures are under review at present, they will be amended and implemented immediately.</p>	



Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  In relation to lack of signage for a small number of rooms, to aid Resident's orientation  this is been reviewed at present.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  A system has been put in place to ensure all communal equipment is cleaned between use.</p> <p>All Clinical hand wash basins will be reviewed and where necessary re-placed.</p>	

## 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	31/12/2021
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	31/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2022

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	31/12/2021
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