



# 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:	23 July 2024
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0040519

## 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:	28
--	----

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 23 July 2024	09:30hrs to 17:00hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre and residents reported that they were happy living in Aras Mhuire and the service was good. It was evident that staff were working towards improving the quality of life and promote the rights and choices of residents in the centre.

The inspector spent periods of time chatting with residents and they were all happy to share their individual stories. The inspector heard how many residents spent years engaged in the delivery of health services in areas of the world with the greatest need for health care. Some spoke at length how they assisted with illness, diseases and social challenges unique to a specific location. The inspector viewed and read passages from a book that was written by one of the residents in response to the health concerns of children and the promotion of family life. The co-author informed the inspector that the book was about promoting health and wellbeing as the 'prevention of illness and disease was as important as the treatment'.

The lived in environment was clean, nicely decorated and met residents' needs. There was sufficient private and communal space for residents to relax in. Other facilities made available to residents included a spacious oratory, therapy room and a hair salon. Residents had easy access to an enclosed outdoor garden which was well maintained.

Resident bedrooms were seen to be bright homely spaces and residents had chosen to personalise their rooms with photographs, soft furnishings and souvenirs which reflected their life and interests.

Residents expressed high levels of satisfaction with the quality of life they experienced in Aras Mhuire. The inspector heard that the pastoral care team provided many activities in the the therapy room, including massage and gentle exercise. The spiritual needs of the residents were met by Mass being live streamed on the television every morning and the priest came in several times in the week to say Mass in the chapel.

Picture collages were displayed throughout the centre of various scheduled events in the centre, including a visit from a mother and baby group from a local crèche. Residents informed the inspector that they enjoyed the visits very much as laughter was the best medicine and 'baby giggles are pure joy'.

Residents were complimentary about the food served and confirmed that they were always afforded choice. It was evident that staff knew the residents' needs and particular behaviours well. The inspector observed gentle, patient and courteous resident and staff interactions.

Residents were actively involved in the organization of the service. There were resident meetings to discuss any issues they may have and suggest ideas on how to

improve the centre. A residents meeting was planned to take place on the day of inspection. Residents informed the inspector how they enjoyed being actively involved including, taking the minutes of the meeting. They also told the inspector that they were looking forward to the the snacks and beverages that was usually served during the meeting.

Laundry facilities were provided on site. Residents told the inspector that they were very happy with the laundry service. They said that the laundry service was very prompt, and that they have plenty of storage for their clothes and personal items.

When asked about complaints the residents who spoke with the inspector, said that they had nothing to complain about. Residents said that staff always respond to their needs as they arise.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques and effective processes to mitigate the risks associated with the spread of infection. Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)*.

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

## Capacity and capability

On the day of inspection, the inspector found that residents in the centre benefited from well-managed resources and facilities. There was good leadership and good governance and management arrangements in place, which contributed to the centre's high level of regulatory compliance.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider was Aras Mhuire Limited. The person in charge had responsibility for the day-to-day operations of the centre and at senior level was supported in their role by the registered provider representative and a clinical nurse manager. They worked well together, supporting each other through a well-established and maintained system of communication.

Through conversation with the management and staff and review of the documentation, the inspector noted a commitment to provide quality care to residents in the centre. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they didn't have to wait long for staff to come to them.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training had been completed.

Records reviewed were stored securely within the designated centre and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Documents were available for review, such as written policies and procedures, insurance and complaint procedure were fully compliant with the legislative requirements.

### Regulation 15: Staffing

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection, having regard to the size and layout of the centre. There was at least two registered nurses on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

### Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.

Judgment: Compliant

## Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The



inspector found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out of hours.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. There was access to advocacy with contact details displayed in the centre.

The premises was designed and laid out to meet the individual and collective needs of the residents. The maintenance team were on site and any requests were attended to almost immediately.

There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Fire doors were intact and appeared effective to adequately protect against the spread of fire and smoke. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

### Regulation 17: Premises

Overall, the premises was well maintained and appropriate to the number of the residents living in the centre. There was adequate storage and shelving throughout the facility for equipment and supplies.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident care plans. Overall, individual assessments and care plans were person-centred and contained detailed information specific to the individual needs of the residents. There was evidence that that they were completed within 48 hours of admission and reviewed at four month intervals or before.

Judgment: Compliant

### Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

## Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. The inspector reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

The provider was pension-agent for a number of residents. The management team understood their responsibilities in relation to the safeguarding and protection of residents' finances.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant