



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:	Announced
Date of inspection:	05 September 2023
Centre ID:	OSV-0000114
Fieldwork ID:	MON-0040508

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:	26
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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 5 September 2023	09:30hrs to 16:50hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Aras Mhuire Nursing Facility. The centre had a very homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

Following an introductory meeting, the inspector was accompanied on a tour of the premises. The inspector observed that many residents were up and dressed on the morning of the inspection and greeted the inspector with a kind smile and a gentle wave. They appeared well groomed and had their hair and clothing done in accordance with their preference. Throughout the day of inspection, the inspector observed residents sitting in various quiet locations enjoying reading the daily newspaper. Other residents were mobilising freely around the centre, while others were seen engaging in periods of reflection in the chapel.

The inspector spoke with residents to elicit their opinion on the service being provided in the centre. Residents said that they felt listened to and had the opportunities to make choices in their daily lives. All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff are always there when you need them', while another said 'staff were very kind and supportive and would do anything for you'.

The centre was seen to be bright, clean and tastefully decorated throughout. The design and layout of the home promoted free movement and relaxation. There was sufficient private and communal space for residents to relax in. Picture collages were displayed throughout the centre of various events in the centre including residents' birthday celebrations. Residents had easy access to an enclosed outdoor garden which was well maintained. Begonia flowers lining the paths provided cheerful autumn colour.

Residents' bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures, soft furnishings and photographs in their rooms and other personal items which gave the room a homely feel. Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were very happy with that arrangement.

The inspector noted that the dining experience was a calm and sociable time for residents. When asked about their food, all residents who spoke with the inspector said that the food was very good. Residents said that there was always a choice of meals, there was plenty to eat and the food was always hot and tasted good. The menu was displayed in the dining room and the tables were laid out with table cloths, cutlery and condiments for the residents to access easily. The inspector

observed fresh water and fruit being delivered to each residents' bedroom on the morning of the inspection.

The inspector observed that residents were supported to enjoy a good quality life in the centre. An activity coordinator was on site to organize and encourage residents' participation in events. The pastoral care team provided many activities in the therapy room, including massage and gentle exercise. Residents had access to daily newspapers, television, radio and the Internet. The spiritual needs of the residents were met by mass being live streamed on the television every morning and the priest came in at least five times in the week to say mass in the chapel.

Residents told the inspector that the hairdresser came to the home every second Wednesday and they said that 'they loved getting their hair done'. The inspector heard how residents enjoyed the various outings scheduled for them including, a recent trip to a local beach and children visiting from the local schools.

On the day of inspection, the inspector observed a visit from a singer entertainer. It proved very popular with residents as the entertainer appeared very enthusiastic and encouraged resident participation. There was a comfortable familiarity between the staff and residents that created a positive atmosphere and all parties appeared to enjoy the lively banter. Residents and staff were observed playing the tambourine, maracas and harmonica, while others were enjoying a gentle dance. Residents told the inspector that they enjoyed the snacks and beverages that was served during the entertainment.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

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. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

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, good open channel of communication between the provider representative and the person in charge, and good governance and management arrangements in place, which contributed to the centre's high level of regulatory compliance.

This was an unannounced risk 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. There was a well-established team of staff in the centre and the person in charge was supported by the provider representative, the clinical nurse manager, a team of nurses, healthcare assistants, activity, administration, catering, housekeeping, laundry and maintenance staff.

The annual review for 2022 was available. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from a residents' quality care survey and quality improvement plans were put in place to address issues.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Documents were available for review, such as contracts of care, complaint procedure, written policies and procedures, and the residents' guide and were fully compliant with the legislative requirements.

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

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 24: Contract for the provision of services

The inspector reviewed three contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the residents' residency in the centre, the services to be provided and any charges incurred.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

Regulation 31: Notification of incidents

All accidents and incidents had been reported to the Chief Inspector within the required time-frame as required by the regulations.

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 also included an 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

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health-care needs were well met. Staff worked tirelessly to provide optimum care to residents.

The inspector reviewed a number of residents' care plans in respect of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

Residents' nutritional and hydration needs were met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

Infection prevention and control practices were good. The inspector observed that,

the registered provider had made changes in response to the previous inspection and upheld their commitment to come into compliance with Regulation 27, Infection, prevention and control. For example: three new clinical hand wash sinks were installed, all sharps bins were labelled in line with national guidance, there was a clear process for the identification of clean and decontaminated equipment in place, issues relating to rust and storage to enable effective cleaning was addressed and overhead ventilation system covers were cleaned.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked appropriately and correctly. Medication administration practices were being well monitored. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi-drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available.

Judgment: Compliant

Regulation 27: Infection control

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)*.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological well being. The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant