<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aras Mhuire Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0114</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Beechgrove, Drogheda, Co. Louth</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>041-9842222</td>
</tr>
<tr>
<td>Fax number:</td>
<td>041-9843767</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:arasmhuire@eircom.net">arasmhuire@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>□ Private  ☒ Voluntary  ☐ Public</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Medical Missionaries of Mary, Sr Doreen McEvoy as nominated provider</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Sr. Veronica O’Neill</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08 February 2011</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 09:00 hrs   <strong>Completion:</strong> 17:15 hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Siobhan Kennedy</td>
</tr>
</tbody>
</table>
| Purpose of this inspection visit | □ Application to vary registration conditions  
☐ Notification of a significant incident or event  
☒ Notification of a change in circumstance  
☐ Information received in relation to a complaint or concern  
☒ Follow-up inspection |
About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Additional inspections take place under the following circumstances:
- to follow-up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority’s Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly “spot check” the service

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.
About the centre

Description of services and premises

Aras Mhuire is owned and operated by the Medical Missionaries of Mary. The centre is a single-storey building which opened in 1994 and provides long term, respite, palliative and convalescence care to residents primarily over 65 years of age. The centre also provides care for people under 65 following a pre-admission assessment.

The centre has capacity for 30 residents. On the day of inspection there were 28 residents living in the centre and all residents were sisters of the Medical Missionaries of Mary. One resident was under 65 years of age.

A small entrance hall with a new reception desk leads into a large foyer area which is furnished with comfortable armchairs and a hall table. An administration office, phone booth, activity room and a visitors’ room are located in this area. The chapel is also located in this area, alongside the treatment room and the person in charge’s office.

Bedroom accommodation consists of 30 single bedrooms with en suite shower and toilet facilities. There are four additional assisted bathrooms, each containing a shower, bath and toilet facilities. There is also a separate visitors’ toilet.

There are three spacious day rooms; one is used primarily by residents for a variety of recreational activities and events. There is a visitors’ room which is used by residents to meet with visitors in private. The centre has a large bright dining room adjacent to a kitchenette and meals are prepared in the convent kitchen on site. This kitchen is modern and well equipped.

There is a driveway from the main road up through a well maintained garden and lawn. There is also a courtyard and an additional secure, well maintained garden with seating available for residents’ use.

The centre is wheelchair-accessible and there is car parking for staff and visitors to the front, side and rear of the building.

Location

Aras Mhuire is situated on the outskirts of Drogheda town in Co. Louth. It is located next to Our Lady of Lourdes Hospital and in the convent grounds for the Medical Missionaries of Mary Congregation.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
<td>2</td>
</tr>
</tbody>
</table>
### Dependency level of current residents

<table>
<thead>
<tr>
<th>Dependency level</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents</td>
<td>0</td>
<td>12</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>

### Management structure

The provider is Aras Mhuire Ltd and on behalf of the company, the nominated provider is Sr. Doreen McEvoy. The company has seven directors to whom Sr. Doreen McEvoy reports to. The person in charge is Sr. Veronica O’Neill who reports to the nominated provider. All staff including administration, nurses, care assistants and household report to the person in charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses staff</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Background

This inspection was carried out following a notification to the Health Information and Quality Authority’s Social Services Inspectorate (The Authority) of a change in circumstances and appointment of a new provider. Issues pertaining to information received in relation to a concern regarding the well-being of one resident were also considered in addition to matters arising from the previous inspection.

The previous inspection of 30 and 31 March 2010 was a registration inspection. The Action Plan at the end of that inspection report contained 13 actions that required improvement to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. These improvements included:

- policies and procedures; including risk management, storage and maintenance of records and complaints
- records of residents’ finances, care plans and medical notes
- environmental features of the centre that posed a health and safety risk
- staff files.
Summary of findings from this inspection

Since the registration inspection of 30 and 31 March 2010, the provider and person in charge had satisfactorily progressed and addressed seven of the 13 actions in the Action Plan. The remaining six actions had been partly addressed and required further improvement. These outstanding actions are restated in the Action Plan at the end of this report.

Overall, inspectors were satisfied with the care and welfare of residents in the centre. However, the provider and person in charge had not implemented and applied their complaints procedure appropriately when dealing with complaints.

Residents were complimentary of staff and told inspectors they were comfortable and felt safe in the centre.

Issues covered on inspection:

In addition to a follow-up inspection, a fit person interview was conducted with Sr Doreen McEvoy to determine her 'fitness' to provide the service.

The fitness of the provider forms part of the registration process. Other elements of the process designed to assess the provider's fitness include the information provided during inspection and the updated ‘fit person’ self-assessment document (provided to inspectors during this inspection). Together these elements are used to assess the provider’s understanding of, and capacity to, comply with the requirements of the regulations and the Authority's standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector of Social Services and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

Issues and information within a concern received by the Authority in relation to the care and welfare of one resident in the centre were also considered during this inspection. In response to inspection findings, inspectors were satisfied with the care and welfare of residents.
Actions reviewed on inspection:

1. **Action required from previous inspection:**
   Notifications should be submitted by the provider as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)

   Policies and procedures should detail the notifications required and include timescales to guide staff with legislative requirements.

   Inspectors were satisfied that these actions were addressed satisfactorily. Notifications had been submitted to the Authority as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Relevant policies and procedures included timescales to guide staff with legislative requirements for submitting notifications.

2. **Action required from previous inspection:**
   Accurate and up to date records regarding the management of residents’ finances are to be maintained in accordance with the regulations and best practice guidelines.

   This action had been progressed but not completed in the sample of records reviewed. The person responsible for managing residents’ finances had changed since the last inspection and improvements had been made in procedures which included the inclusion of two signatures for transactions and monthly auditing of accounts. However, the accounts manager was unsure of the management of residents’ finance policy and aspects of this policy were not reflective in practice. For example, money belonging to a resident no longer in the centre was held for safekeeping, yet the records had not been updated and the safekeeping of residents’ money was not detailed in the current policy.

3. **Action required from previous inspection:**
   A comprehensive written risk management policy/procedure should be in place and include all the requirements of the regulations.

   This action was partly addressed. While a risk management policy and procedure was in place, it did not include or clarify what precautions were in place to control risks such as self harm and assault.

4. **Action required from previous inspection:**
   The complaints policy is to include all of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

   No complaints were recorded on the previous inspection and inspectors were satisfied that this action had been addressed as the complaints policy included the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
However, complaints received since the last inspection did not include detailing of the investigation and the outcome of the complaint including whether or not the resident was satisfied. Therefore, the completed procedure had not been applied. The new provider told inspectors that she was in the process of addressing this matter in line with the procedure.

5. Action required from previous inspection:
All medical records should be completed in accordance with the regulations and best practice guidelines.

While this action had been progressed, it had not been consistently completed in the sample of medical records reviewed. Nurses told inspectors that medical officers were informed of the need to sign each entry, were reminded on each visit and when recording in residents’ medical notes.

6. Action required from previous inspection:
Ensure that care plans reflect assessment findings and set out in detail the actions to be taken by staff, to ensure that all aspects of the health, personal and social care needs of the resident are met with review dates to be updated regularly to reflect their changing needs.

Inspectors were satisfied that this action had been addressed satisfactorily. A sample of care plans were reviewed and found to reflect assessment findings, including actions to be taken by staff. Care plans were evaluated to reflect residents’ changing needs with review dates for future evaluation.

7. Action required from previous inspection:
Operating Policies and Procedures are to be detailed to include all of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and best practice guidelines.

The policy and procedure regarding the creation of, access to, retention and destruction of records should include reference to access and destruction or the period of time the records should be retained.

The operational policy and procedure in respect of temporary absence and discharge of residents should reflect practice.

The operational policy and procedure on admissions should refer to residents’ personal possessions and clothing, the pre admission process, documentation such as the resident’s guide and the contract of care.

The operational policy and procedure on emergencies should identify the staff on call.

The operational policy on behaviour management should be concise and user friendly to guide staff on the management of challenging situations.
Inspectors were satisfied that these actions had been addressed satisfactorily. The policy and procedure regarding the creation of, access to, retention and destruction of records was complete and included the period of time that records should be retained for. The policy and procedure in respect of temporary absence and discharge of residents was operational to reflect practice. The admissions policy included the management of residents’ personal possessions and clothing, the pre-admission process, and information regarding the resident’s guide and contract of care to be agreed. Staff on call in the event of emergencies were outlined on the duty rota and in a written procedure. The policy on behaviour management was tailored to enable staff to implement and guide practice.

8. Action required from previous inspection:
Ensure that the recruitment policy and all staff files contain the documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

This action had been progressed but not completed as new staff had been employed to work in the centre and written contracts of employment were not on file for existing staff. A recruitment policy was in place outlining the documents required by Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However, this policy outlined a requirement for two references. Staff appraisals had been implemented in the sample of staff files reviewed.

9. Action required from previous inspection:
The contracts of care should contain all the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action had been progressed since the last inspection. However, a change in provider had occurred since, resulting in the need for a further update of existing contracts of care for each resident.

10. Action required from previous inspection:
The centre should have a protected disclosure / whistle-blowing policy as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action had been addressed. A whistle-blowing/protected disclosure policy had been developed and was in place.

11. Action required from previous inspection:
Noise levels should be audited in the dining room during mealtimes so that the dining experience for residents can be a more enjoyable experience.

Inspectors were satisfied that this action had been progressed satisfactorily. Noise levels were audited and acoustic padding (to absorb noise levels) had been considered for
placement in four sections on the ceiling. Residents had no complaints regarding noise levels in the dining room.

12. **Action required from previous inspection:**
A comprehensive policy and guidelines for monitoring and documentation intake or when the specialist services of a dietician should be available in accordance with regulations and best practice guidelines.

Inspectors were satisfied that this action had been addressed satisfactorily. Guidelines were in place for the monitoring and documentation of food/fluid intake and when the specialist involvement of a dietician should be sought. Residents in the centre had been appropriately referred to and were seen by a dietician following the monitoring of food intake and the identification of weight loss.

13. **Action required from previous inspection:**
Lockable safe storage for cleaning chemicals should be provided in the kitchen.

The cleaning rooms should be designated to ensure there are separate cleaning rooms for catering and non-catering. These rooms should contain a wash-hand basin.

Free standing units should be secured to minimise risks to residents when collecting vases.

Provide written evidence from a qualified electrician that the electrical heater complies with safety standards.

These actions were partly addressed. Inspectors noted that the free-standing unit was secured to minimise risks to residents when collecting vases. Catering and non-catering staff had separate cleaning rooms and written confirmation was received by the Authority from an electrician indicating that the electrical heater in a bathroom complied with safety standards. However, during this inspection a cleaning room storing chemicals and cleaning products was found unlocked.
Actions taken in response to recommendations

Recommendations

Residents’ next of kin and families were not consistently informed in the event of an accident and the reporting template omitted to include this communication.

Staff appraisal records should be signed and dated in accordance with best practice guidelines.

All policies should include an authorised signature, issue and review date in accordance with best practice guidelines.

Recommendations for best practise had been considered by the provider and person in charge as a way of improving their service.

Residents’ next of kin and families were informed in the event of an accident and the reporting template had been updated to include this communication.

Staff appraisal records were signed and dated in accordance with best practice guidelines.

Inspectors confirmed that policies now included an authorised signature, issue and review date in accordance with best practice guidelines.

Report compiled by:

Sonia McCague

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date 10 March 2011

<table>
<thead>
<tr>
<th>Date of previous inspection</th>
<th>Type of inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 March and 31 March 2010</td>
<td>☑ Registration</td>
</tr>
<tr>
<td></td>
<td>☑ Scheduled</td>
</tr>
<tr>
<td></td>
<td>☑ Announced</td>
</tr>
<tr>
<td></td>
<td>☑ Unannounced</td>
</tr>
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</table>
Provider’s response to inspection report *

<table>
<thead>
<tr>
<th>Centre</th>
<th>Aras Mhuire Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>0114</td>
</tr>
<tr>
<td>Date of inspection</td>
<td>08 February 2011</td>
</tr>
<tr>
<td>Date of response</td>
<td>31st March, 2011</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The accounts manager was unsure of the management of residents’ finances policy and aspects of this policy were not reflective in practice.

Action required:

Maintain an up to date record of each resident's personal property that is signed by the resident.

Reference:

- Health Act, 2007
- Regulation 7: Residents’ Personal Property and Possessions
- Standard 9: The Residents’ Finances

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
2. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy and procedure was in place. However, it did not include or clarify what precautions were in place to control risks such as self harm and assault.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Reference:**

- Health Act, 2007
- Regulation 31: Risk Management Procedures
- Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td>Two months</td>
</tr>
<tr>
<td>Re: risk management policy we intend to address this in our pre-assessment process. We will also address the policy we have in place and insure that our procedure is in accordance with this recommendation.</td>
<td>Three months</td>
</tr>
</tbody>
</table>

3. The provider has failed to comply with a regulatory requirement in the following respect:

The complaints policy was not implemented in practice.

**Action required:**

Investigate all complaints promptly.
**Action required:**

Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

**Action required:**

Inform complainants promptly of the outcome of their complaints and details of the appeals process.

**Reference:**

Health Act, 2007
Regulation 39: Complaints Procedure
Standard 6: Complaints

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider’s response:</strong></td>
<td></td>
</tr>
<tr>
<td>We will prepare a flow chart for the various departments re complaints procedure.</td>
<td>Draw up flow charts immediately</td>
</tr>
<tr>
<td>We will investigate the complaint promptly and in accordance with the policy.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>We will inform the complainants of the outcome promptly. We will endeavour to insure that the complainant is satisfied and that they are aware of the appeals process.</td>
<td></td>
</tr>
</tbody>
</table>

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

Medical entries in residents’ notes were unsigned.

**Action required:**

Maintain, in a safe and accessible place, a medical record in respect of each resident with details of investigations made, diagnoses and treatment given, and a record of all drugs and medicines prescribed, signed and dated by a medical practitioner.

**Reference:**

Health Act, 2007
Regulation 25: Medical Records
Standard 32: Register and Residents’ Records
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>We will continue to remind our GP about the importance of signing all medical notes.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

5. The provider has failed to comply with a regulatory requirement in the following respect:

The recruitment policy and staff files did not contain all the documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 such as three references and Garda Síochána vetting.

**Action required:**

Ensure that the recruitment policy and all staff files contain the documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

**Reference:**

Health Act, 2007
Regulation 18: Recruitment
Standard 22: Recruitment

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>We will revise the files and update appropriately, ensuring that each member has a contract, three references and Garda Síochána vetting.</td>
<td>Three months</td>
</tr>
</tbody>
</table>

6. The provider has failed to comply with a regulatory requirement in the following respect:

Hazardous chemicals were accessible in a cleaner's store that was unlocked.

**Action required:**

Cleaning chemicals should be stored in a safe and secure manner.
**Action required:**

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

**Reference:**

- Health Act, 2007
- Regulation: 30: Health and Safety
- Standard 26: Health and Safety

**Please state the actions you have taken or are planning to take with timescales:**

<table>
<thead>
<tr>
<th>Provider’s response:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will educate staff about the importance of locking at all times, presses that contain cleaning chemicals.</td>
<td>Immediately</td>
</tr>
</tbody>
</table>

**Recommendations**

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 28: Purpose and Function</td>
<td>Amend the Statement of Purpose and Function to include the new provider in addition to all the requirements of schedule 1.</td>
</tr>
<tr>
<td>Provider’s response:</td>
<td>This has been done.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider's response:

I wish to thank our inspectors for the draft report. Following a meeting with the staff in Aras Mhuire we have now responded to the recommendations and inserted a time frame towards their implementation.

The Statement of purpose has been sent by email and a hard copy by post which should reach you soon.

I will send a copy of our response by post.

Thanking you

Yours sincerely

Provider's name: Sr. Doreen McEvoy
Date: 31 March 2011