<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aras Mhuire Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000627</td>
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<tr>
<td>Centre address:</td>
<td>HSE West, Dublin Road, Tuam, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>093 24 655</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:arasmhuire@hse.ie">arasmhuire@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Catherine Cunningham</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nan Savage</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 29 September 2015 09:00  
To: 29 September 2015 17:30  
30 September 2015 09:45  
30 September 2015 15:00

The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Statement of Purpose</td>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives, staff members, the person in charge and other members of the management team. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires received during the inspection.
Questionnaires reviewed and those spoken with were very positive in their comments about the service provided and the staff. Many residents referred to the centre as being their home. All complimented the staff for their respect, caring ways and commitment. One relative described the staff as fantastic, very friendly, caring and helpful to everyone while another commented that resident care is at the heart of everything they do in Aras Mhuire.

Residents described how they felt safe in the centre. All residents were complimentary about the wide variety of activities available, cleanliness of the premises and the food provided. One of the residents stated that there were activities to suit everybody’s interests. The inspector observed many examples of good practice and appropriate interactions between staff and residents which resulted in positive outcomes for residents.

There was evidence of a high level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Overall, the inspector was satisfied that residents received a good quality service although aspects of physical environment did not comply with the Regulations as identified on previous inspections.

The dining experience was very pleasant, and residents were treated with respect and dignity by staff. The health and social care needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other allied health services and evidence-based nursing care was provided.

The safety of residents was promoted by the provider and person in charge. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices.

Some improvement was required to an aspect of medication management practices, the annual review and review of residents' care plans. These non compliances are discussed in the body of the report and included in the action plan at the end of this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:
This Outcome was not inspected on the last inspection.

The designated centre had a statement of purpose in place that was kept up to date and had most recently been revised in September 2015. This written document accurately described the service provided and the facilities available to meet the needs of residents. The most recent version of the statement of purpose was available for reading in the communal areas of the centre.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:
This Outcome was not inspected on the last inspection.
The quality and safety of care delivered to residents was monitored on an ongoing basis and used to inform learning. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

Audits had been carried out on areas including falls, medication management and residents’ care plans. A detailed annual report had also been completed and covered a range of areas including residents' choice, protection and staffing. While this report was very informative residents and their families had not been consulted with as part of this review.

Resident satisfaction surveys had been conducted on the catering arrangements in the centre and had been used to inform practice. The inspector read a survey that had been completed in July 2015 and found that the feedback was very positive. Some residents had requested reduced portion sizes and this had been communicated to the catering department and implemented for these residents.

Data was also collected regularly on key quality indicators such as the use of restraint and antibiotic treatment, to monitor trends and identify areas for improvement.

Judgment:
Substantially Compliant

**Outcome 03: Information for residents**

* A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Findings:
This Outcome was not inspected on the last inspection.

The inspector reviewed a sample of agreed written contracts that were in place and found that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents’ Guide and noted that it met the requirements of the Regulations. It had recently been updated and was readily available to all residents.
Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
No changes have been made to the role of person in charge since the previous inspection. The person in charge is a registered nurse and has the required experience in nursing older people.

She had continued to engage in professional development and since the last inspection had attended training on clinical areas including dementia care and medication management. During the inspection, the person in charge demonstrated her knowledge of the Regulations and the Standards. The person in charge was observed meeting with residents, visitors and staff throughout the days of inspection and was well known to all.

The person in charge continued to demonstrate a strong commitment to delivering good quality care to residents and to continually improving the service provided.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management
### Outstanding requirement(s) from previous inspection(s):

**Findings:**
This outcome was not inspected on the last inspection.

Records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. However, the inspector found that there had been a change in medication management practice since the last inspection in June 2014. Nursing staff had started to transcribe residents' prescription but had not signed the transcribed prescription, as required by the centre policy and professional guidelines.

Adequate insurance cover was also in place.

All information requested by the inspector was readily available.

**Judgment:**
Substantially Compliant

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**Outcome 06: Absence of the Person in charge**

**The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.**

**Theme:**
Governance, Leadership and Management

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**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
This Outcome was not inspected on the last inspection.

The Authority had dealings with the provider previously and found that she was aware of her responsibility to notify the Chief Inspector of any absence of the Person in Charge for a continuous period of 28 days or more.

The Clinical Nurse Manager 1 (CNM1) continued to have responsibility for the day to day management of the centre in the absence of the person in charge. This CNM1 actively participated throughout the inspection process and demonstrated good knowledge of her roles and responsibilities under the Regulations. The CNM1 was observed to provide appropriate support and assistance to residents, families and staff throughout the two
days of inspection.

The CNM1 is supported in this role by nursing staff on duty and the Director of Nursing who is based in Sacred Heart Hospital, Roscommon. Senior staff nurses were also designated to take over from the person in charge and CNM1 in the event of their absence and are assigned to act up at weekends.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

### Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

### Findings:

The provider and person in charge had ensured that effective measures remained in place to safeguard residents from being harmed and from suffering abuse.

Policies and procedures on the prevention, detection and response to allegations or suspicions of abuse were implemented. Staff spoken with were familiar with the content of the policy and outlined clearly what they would do if they suspected abuse. The CNM1 had most recently completed the train the trainer for recognising and responding to abuse in July 2014 and continued to provide training to staff in this area. She had also completed a one day teaching, assessing and preceptorship training course. The inspector viewed training material which confirmed that staff had received ongoing education in this area since the last inspection and further training was scheduled.

Adequate systems remained in place to manage residents’ finances and provide protection to residents. The inspector noted that external audits were carried out to provide additional safeguards.

The provider and person in charge continued to actively support the reduction in the use of restraint and measures remained in place to manage the use of restraint specifically bed rails that were being used as enablers. This included a risk assessment process and consideration of alternatives prior to the application of a restraint measure and implementation of controls measures when in use.

**Judgment:**
**Outcome 08: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The provider and the person in charge had prioritised the safety of residents, staff and visitors to the centre. Required actions from the last inspection that related to risk management and fire safety arrangements had been addressed.

There was a risk management framework that included a safety statement, risk management policy and risk register. Environmental and clinical risks was assessed and included risk assessments on all areas of the centre. The inspector read the risk management policy which had most recently been reviewed in June 2015, met the requirements of the Regulations. The inspector found that the risk register was also kept under review and a wide range of assessments had been updated during 2015.

The provider had taken adequate measures to promote the safety of residents in the event of fire. A servicing programme remained in place that included annual servicing of fire fighting equipment and three-monthly servicing of the fire alarm system. The inspector reviewed records which showed that internal safety checks were completed including a daily inspection of the fire exits and monthly checks of the emergency lighting. Fire safety training had been provided to all staff and the most recent training was delivered during July and September 2015.

Staff continued to use appropriate communication practices and manual handling techniques when assisting residents during transfers. Staff spoken with and training records viewed by the inspector demonstrated that staff had received up to date training in moving and handling. Manual handling assessments had been completed for residents.

A high standard of cleanliness was noted throughout the centre and there were a range of measures and policies in place to control and prevent infection.

A system continued to be implemented to monitor visitors to the centre. This promoted the safety of residents and included controlled access and the completion of a visitor’s book.

**Judgment:**
Compliant
Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Generally, medication management practices were safe although the centre policy and professional guidelines on transcribing did not inform current nursing staff practice.

The inspector noted that there had been a change in medication management practice since the last inspection in June 2015. Nursing staff had started to transcribe residents’ prescription. However, the inspector read that they had not signed the transcribed prescription, as required by the centre policy and professional guidelines. A required action relating to this issue is included under Outcome 5. The person in charge forwarded evidence after the inspection that a new prescription sheet had been developed and approved for implementation.

Medications that required strict control measures (MDAs) were appropriately managed and stored in a secure press in keeping with professional guidelines. Nurses kept a register of MDAs. The inspector in conjunction with a nurse checked a sample of balances and found them to be correct.

Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored. The inspector noted that the temperatures were within acceptable limits at the time of inspection. The inspector also found that the medication trolleys were kept secure and the medication keys were kept by a designated nurse at all times.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The pharmacist and person in charge carried out joint medication audits of areas including ordering of medications, administration and storage. Support and advice was also provided as necessary by the pharmacist.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and,
Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
This Outcome was not inspected on the last inspection.

The person in charge was very familiar with the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector viewed a random sample of incident records that were recorded and found that required information was well documented. The incidents were reviewed by management to identify any possible learning outcomes including preventative measures that would improve the delivery of the service.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
From the sample of residents' files reviewed each resident’s well-being and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.

Residents had good access to the general practitioner (GP) and a range of allied health services including the dietetics, speech and language therapy (SALT), physiotherapy, dental, optical and chiropody. Any referrals to these services and associated outcomes
including recommendations from attending these services were written up in the residents’ notes.

Residents' activities of daily living were assessed and a range of additional clinical assessments were completed as required and used to develop and implement associated care plans. While residents' current needs had been assessed and staff were knowledgeable of these needs, the inspector found that some residents' care plans had not been reviewed four-monthly, as required by the Regulations. The person in charge and director of nursing started to address this on inspection by completing an audit of all residents' files and had put in place arrangements for specific residents' care plans to be reviewed.

The inspector reviewed the management of clinical issues such as wound care management, skin integrity and falls prevention and management and found they were in accordance with evidence based practices and guided by comprehensive policies. At the time of inspection, there were no residents with pressure ulcers or exhibiting behaviours that challenge. The inspector noted that an effective system had remained in place to promote good skin integrity and prevent the development of pressure ulcers. Staff had received training on behaviours that challenge and there was a policy in place to guide staff practice on the management of behaviours that challenge.

A high standard of meaningful social care continued to be made available to residents. Each resident’s preferences were comprehensively assessed and this information was used to inform the meaningful activity programme. This programme was mainly delivered by the CNM1 and some other staff. The inspector saw residents enjoying a variety of activities during the inspection including a very interactive light exercise programme, memory games, one to one chats and interesting talks about current events that were topical.

Residents who were confused or who had dementia related conditions were encouraged to participate in the activities and were seen to enjoy the interactions and activities that were available to them. Other activities that continued to take place included arts and crafts, gardening, music sessions, tasting sessions and various forms of reminiscence therapy.

Residents and relatives that completed questionnaires and spoke with the inspector were very satisfied with the range of activities that were available to them.

Meaningful links remained in place with the local community. This included visits from various groups, societies and local secondary school children. This provided additional sources of conversation and entertainment. For example, the local theatre group had performed for the residents as well as local Irish dancers.

**Judgment:**
Substantially Compliant

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**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose.
and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The location and aspects of the design and layout of the designated centre were suitable for its purpose and met residents’ individual and collective needs.

While specific actions from the last inspection had been addressed two required actions from previous inspections that related to some residents' bedroom accommodation and the provision of adequate numbers of residents’ toilets had not yet been addressed.

The manager for older persons' services, person in charge and director of nursing confirmed that plans were being progressed to address these structural deficits. Plans were still in place to provide a new purpose built 50 bedded community nursing unit on an adjacent site and the inspector was shown a comprehensive document that detailed the project design brief for this build.

The centre was comfortable, warm and there was a variety of furnishings. There was adequate natural and artificial lighting. The inspector found that there was a welcoming atmosphere and this was evident when visitors called to the centre. All resident areas were on the ground floor while upstairs were used as offices and staff areas.

There were 17 bedrooms and these consisted of one three-bedded room, one two-bedded room and 15 single bedrooms. Two of the single bedrooms were designated as palliative care rooms both of which have en suite shower, toilet and wash hand basin facilities. Adequate screening was available in the shared rooms. Call bells were provided in residents' bedrooms and communal areas. The bedrooms in the designated centre were well decorated and personalised with residents' belongings.

There were suitable equipment, aids and appliances in place to support and promote the full capabilities of residents. During the inspection, some overhead hoists were being installed in residents' bedrooms. The inspector viewed a sample of maintenance records and found that equipment was maintained in good working order.

The inspector found that the centre was maintained to a high standard of cleanliness and appropriate infection control measures were in place. Residents and relatives were unanimous in their praise for the high standard of cleanliness in the centre.
Residents had access to a well maintained enclosed sensory garden that was located at the side of the centre and accessible through the day room and also from some residents’ bedrooms. This area provided residents with seating so that they could enjoy the water feature and various plants that had matured in the garden.

**Judgment:**
Non Compliant - Moderate

**Outcome 13: Complaints procedures**
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
This Outcome was not inspected on the last inspection.

The centre had an effective complaints management system in place, which included a complaints policy and procedure that meet the requirements of the Regulations. The complaints policy provided guidance on the management of complaints and had been reviewed in November 2014. The complaints procedure was clear and accessible to both residents and their families. This procedure was readily displayed in a prominent location in the centre. As detailed under Outcome 16, the complaints process was also discussed with residents at the residents' meeting.

There was a complaints log that was used to record any complaints. There had been a small number of complaints made during 2015. The inspector read a sample of complaints that had been received and found that issues raised had been appropriately responded to by the person in charge. Details recorded included the nature of any complaint, actions taken and the outcome of the complaint including the satisfaction level of the complainant with the investigation. Residents and relatives identified the person in charge or CNM1 as someone they could make a complaint.

**Judgment:**
Compliant

**Outcome 14: End of Life Care**
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*
Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
This Outcome was not inspected on the last inspection.

High standards in the provision of person centred care at end of life that had been noted on the previous registration inspection had remained in place. The inspector found that caring for a resident at end of life was regarded as an integral part of the care service provided. Residents continued to receive person centred care at end-of-life which met their assessed needs and respected their dignity and autonomy.

There was a comprehensive, evidence-based end-of-life policy in place that guided staff practice. Care practices and plans were in place so that residents received end of life care in a way that met their individual needs and wishes. The inspector reviewed a sample of residents' assessments and associated care plans and found that residents or their relative had been given the opportunity to outline their wishes regarding end of life. A sample of training records viewed by the inspector confirmed that the person in charge and key staff had received training and education on end of life and palliative care.

Family and friends were facilitated to be with the resident when they were dying. The inspector met with a relative that had a loved one who had received palliative care and passed away in the centre. This relative spoke very highly about the care and support that their family member had received from the staff and management team of Aras Mhuire. A different relative that completed a questionnaire commented that the family were included in decisions about the care provided and contacted whenever there was a change in the resident's condition. Feedback received and observations during the inspection also confirmed that drinks and snacks were regularly offered to relatives and visitors.

Appropriate access remained available to palliative care services including the local hospice team. There were two well-equipped single bedrooms that were used for palliative care. Both rooms had en suite shower, toilet and hand-washing facilities. The inspector noted that there were patio doors in both bedrooms which enabled residents and family direct access to the enclosed sensory garden. Single bedrooms were also used for end-of-life care if required. Inspectors also found that arrangements were in place for family members to stay overnight.

There was system in place for the return of possessions. Where possible, the person in charge had continued to arrange for memory boxes to be presented to the family of residents who were deceased that contained meaningful items that were personal to the resident.

Judgment:
Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
This Outcome was not inspected on the last inspection.

The inspector found evidence that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Residents and relatives were very complimentary of the standard of catering provided to residents. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner.

Food was suitably prepared, cooked and well presented. Residents were offered a variety of foods as part of a four-week menu cycle that included three daily choice at mealtimes and in a way that met their needs. The inspector observed and residents confirmed that the catering team continued to produce a wide range of home-baking including breads, a variety of scones, cakes and desserts.

Residents who spoke with the inspector confirmed that there were daily meal choices and that staff asked for their preferences and if they changed their mind that this would be facilitated. The inspector saw that residents who required their meal in an altered consistency had also adequate choices available to them.

Staff served meals in accordance with the wishes of the resident and offered and provided assistance to residents who required it in a respectful and discreet manner.

The nutrition policy that had been implemented provided comprehensive guidance to staff. The person in charge had also ensured that staff had access to evidenced based research material and guidance documents on nutritional management. Staff that spoke with the inspector demonstrated knowledge of the nutritional policy and guidance documents that had been maintained.

The person in charge had implemented an effective system to monitor residents’ nutritional requirements. Adequate measures were in place to ensure residents’ dietary requirements were met and up to date information was kept on their dietary requirements and preferences.
Residents’ weights and body mass index (BMI) were regularly monitored. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. This assessment tool was used to develop informative care plans that directed staff practice. A formal process was in place to ensure that residents, who had poor food and fluid intake, were closely monitored and afforded additional drinks and snacks throughout the day.

Timely input had been obtained from allied health services including the speech and language therapist (SALT) and dietician where necessary. The inspector noted that recommendations were kept in residents’ files and a copy kept by the catering team.

Staff spoken with including the chef were knowledgeable of residents’ special dietary requirements and referred to nutritional and SALT guidelines. The chef showed the inspector a folder containing information on residents’ dietary assessments and special dietary requirements. The chef also kept guidance on areas including suitable foods for residents on modified diets. The person in charge, chef and other staff had completed formal training on different areas of nutritional management.

Other measures had also been taken to monitor and review food and nutritional management. Residents’ meetings were used as an opportunity to discuss the standard of food directly with residents. This is discussed further under Outcomes 16.

The inspector visited the kitchen and found that it was maintained in a clean condition, well organised and had a plentiful supply of fresh and frozen food that was stored appropriately. The inspector noted that residents were offered fruit salad on a daily basis.

Judgment: Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme: Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was evidence that residents were consulted about the organisation of the centre and that their rights, privacy and dignity was respected by management and staff. Residents were facilitated to communicate and enabled to exercise choice and control over their life and maximise their independence, where possible.

Residents' meeting took place regularly throughout the year and this enabled residents to give their feedback and any make any suggestions for improvement. The inspectors viewed a sample of minutes and read that discussions took place on areas including activities, external events attended by residents, catering, laundry service and on topics such as how to make complaints.

The inspector noted that feedback from residents had been taken on board and used to inform areas such as activities and catering requirements. For example, some resident raised that they would like more music and this had been arranged by the person in charge and staff.

Residents had access to independent advocacy services. An advocate visited the centre on a weekly basis and provided an invaluable service to residents. The inspector spoke with the advocate during the inspector and found that she had the necessary training and skills to fulfil this role. She interactively appropriately with residents and had one to one conversations with a number of residents during the inspection.

Residents’ religious and spiritual beliefs were respected and supported. At the time of inspection most residents practised Roman Catholicism. Mass was held in the centre weekly and the inspector noted residents attending mass during the inspection. Some of the residents that spoke with the inspector highlighted the importance of mass for them. Residents spoke about the importance for them to attend religious services and confirmed that the CNM1 and other staff facilitated daily prayers and hymns. Arrangements were also in place for residents from other religious denominations to practice their beliefs.

As detailed under Outcome 12 plans were at an advanced stage to provide a new built. The inspector noted that residents' views had been taken into consideration and the provision of a room for prayer/mediation was included in the project design brief.

Residents' political rights were promoted. The person in charge had made arrangements for residents to vote in elections and referendums. The inspector noted that residents were registered to vote, where they had requested to do so and either cast their vote in the ballot box placed in the centre on voting days or were facilitated to attend the nearby polling station.

The designated centre was very much part of the local community. Residents were encouraged to maintain links with the local community and there were no unnecessary restrictions on visits to the centre. The inspector saw that visitors were made feel very welcome at various times and were offered refreshments and snacks. Residents confirmed that they could have their visitors at anytime and that they could meet them in private.

Residents were also supported to leave the centre on days out with loved ones and this
was also observed by the inspector. Residents had access to a variety of information sources including magazines, newspapers, radio and televisions.

Residents' individual communication requirements were supported by the person in charge and staff. Residents' communication needs had been assessed and were highlighted in their care plans. Staff were aware of the individual communication needs of residents and used effective techniques with residents.

There were many examples of how management and staff supported and promoted residents' privacy and dignity. For example, the inspector saw staff interacting with residents in a caring manner and addressing them by their preferred name. Staff knocked on bedroom and bathroom doors and sought permission before entering the room.

As described under Outcome 11, there was an extensive range of activities available within the centre. Residents had the choice to participate in these meaningful activities, appropriate to their interests and preferences.

**Judgment:**
Compliant

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**Outcome 17: Residents’ clothing and personal property and possessions**

**Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
This Outcome was not inspected on the last inspection.

The designated centre had appropriate arrangements in place to deal with residents' clothing, personal property and possessions. A policy on residents' personal property and possessions remained in place and was used to inform practice. A record of residents' valuables and other possessions were kept in the residents' files.

Adequate processes remained in place for the laundering and return of residents' clothes. The inspector visited the laundry which was organised and well equipped. Residents' clothing were clearly labelled and the inspector saw that residents' belongings were carefully looked after and stored in appropriate way.

Residents spoken with and those that completed questionnaires were very satisfied with
how their laundry and personal belongings were managed.

There was adequate storage in residents’ bedroom to store their personal belongings including wardrobe space and lockable presses.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents. There were robust recruitment processes in place and from the sample of records viewed staff had up to date mandatory training. A required action that related to the maintenance of a planned and actual staff roster for housekeeping staff had been addressed.

The inspector observed staffing levels and the skill mix on the days of the inspection and reviewed a sample of rosters provided. The inspector was satisfied that there were adequate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

All staff were recruited, selected and vetted in accordance with best recruitment practice. The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the Regulations. The inspector noted that staff turnover was very low.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. Upcoming courses were displayed as a reminder to staff to attend these courses. The records showed that a range of training had been provided for staff which included nutrition, dementia care, end of life care, basic life support, hand hygiene and management of the use of restraint.
Volunteers and outsourced service providers attended the centre and provided valuable activities and services. Residents commented that they enjoyed and appreciated these. The inspector noted that processes were under-way to ensure that they had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement, as required by the Regulations.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Nan Savage  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

Centre name: Aras Mhuire Community Nursing Unit
Centre ID: OSV-0000627
Date of inspection: 29/09/2015 and 30/09/2015
Date of response: 27/11/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review had not been prepared in consultation with residents and their families.

1. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. Resident survey complete – Residents Meetings.
2. Family Questionnaire – Share a View Evening with Relatives.
3. There is a meeting scheduled with residents, families and staff to formulise the annual plan for 2016 – 2017 on 17th January, 2016.

Proposed Timescale: 31/01/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Since the last inspection, nursing staff now transcribed residents' prescription but had not signed the transcribed prescription, as required by the centre policy and professional guidelines.

2. Action Required:
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
New Drug Prescription Record and sample included. This record has now been implemented.

Proposed Timescale: 16/11/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some residents' care plans had not been reviewed four-monthly, as required by the Regulations.

3. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
1. List of allocated Residents Care Plans given to each Staff Nurse with 4 monthly review dates given for each care plan.
2. List of all Staff Nurses allocated Residents Care Plans and the review dates on noticeboard in Nurses Office.
3. Review dates for each Care Plan noted in the Nursing Diary and discussed on the morning of review at report time.

Proposed Timescale: 30/09/2015

Outcome 12: Safe and Suitable Premises
Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One multiple occupancy three-bedded room was in use and some other bedrooms did not adequately meet the needs of residents.
An adequate number of residents’ toilets were not available.

4. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
There are ten single bedrooms that do not meet the size requirements of the HIQA Standards. The use of these rooms are continually monitored and residents are assessed as their needs deteriorate. All residents and families are satisfied with these individual rooms.

The residents and families are aware of the 3 bedded room which is 24.75M2 with en-suite but are satisfied to limitations. They choose to stay there in the knowledge that screening between the beds provides them with the privacy and dignity to meet their needs and the space to entertain visitors and callers. It also has overhead hoist to assist with the manual handling.

We are aware of the limitations of the current building and the HIQA regulations pertaining to occupancy and with that in mind have submitted a project proposal to National Estates to fund a replacement 50 bedded unit on the grounds of the Old Grove Hospital. We expect a favourable response to same by the end of 2015.

Proposed Timescale: 31/12/2015