<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aras Mhuire Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000190</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Greenville, Listowel, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>068 21 470</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:amnh@eircom.net">amnh@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Aras Mhuire Nursing Home Company</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection</td>
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<td>38</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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

<table>
<thead>
<tr>
<th>From</th>
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<tbody>
<tr>
<td>24 January 2018 10:00</td>
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<tr>
<td>25 January 2018 08:30</td>
<td>25 January 2018 15:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

Aras Mhuire Nursing Home was a single storey building located on the grounds of Listowel Community Hospital in Co. Kerry. The premises comprised 20 single bedrooms and nine twin bedrooms, including five en suite bedrooms.

This inspection was carried out in response to an application for the centre to renew their registration; it was announced and was conducted over two days. As part of the inspection process, the inspector met with residents and their representatives, staff members, and management. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs.
Overall the inspector was satisfied that residents received care to a high standard. Residents spoken with by the inspector were complimentary of the care provided and of the staff providing that care. Staff were observed to interact with residents in a kind and caring manner and treated residents with respect. Residents had good access to, and choice of, general practitioner (GP). There was also access to out-of-hours GP services. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, and occupational therapy. Residents had freedom to choose how to live their day, such as when to get up in the morning and where to have their meals. There was a comprehensive programme of activities.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
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 Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It included a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Aras Mhuire is owned and operated by a board of management on behalf of the local community. The board of management comprises members of the local community from a variety of professional backgrounds. The person in charge is also a member of the board of management, but is not a director of the company. The board meet approximately every two months and minutes of those meetings were available on inspection. Issues discussed at these meetings included, finances, fundraising, staffing,
complaints, and reports from external organisations, such as HIQA and environmental health.

There is a clearly defined management structure that identifies accountability and reporting arrangements. In addition to formally reporting to the board, the person in charge meets informally with the chairperson of the board on a regular basis. The chairperson visits the centre regularly, often unannounced. The person in charge is supported by an assistant director of nursing (ADON) and a clinical nurse manager (CNM). Both the ADON and CNM have designated protected time to carry out administrative duties, such as scheduling staff and carrying out audits, but also fulfil the role of staff nurses on designated days each week. There was a comprehensive programme of audits on issues such as clinical documentation, catering, medication management, human resources, complaints, accidents and incidents, and hand hygiene. There were associated action plans for each audit identifying learning from the audits and actions to be completed as a result of the learning. Results of audits were discussed with staff at staff meetings. There was an annual review of the quality and safety of care, which included consultation with residents.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
There was a guide to the centre available to residents. The guide included a summary of the services and facilities available to residents. Each resident had a written contract of care. The contract set out the services to be provided and also the fees to be charged, including fees for additional services such as chiropody and hairdressing. The contract also detailed whether or not the bedroom occupied by the resident was a shared room.

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:
The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge worked full time, had extensive experience in clinical care, management and in care of the older person. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role, which included a commitment to a culture of improvement, along with a well developed understanding of the associated statutory responsibilities.

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):
No actions were required from the previous inspection.

Findings:
The records listed in Schedules 2, 3, and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept secure, readily available and easily retrievable.

Policies and procedures listed in Schedule 5 of the regulation were available and reviewed in line with regulatory requirements. Records and documentation were securely controlled, maintained in good order and readily accessible.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:
### Outcome 06: Absence of the Person in charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was no period when the person in charge was absent for a period requiring notification to HIQA. Adequate arrangements were in place for the management of the centre in the absence of the person in charge.

**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:**
Residents spoken with by the inspectors all stated that they felt safe in the centre and said that they could talk to the person in charge, or any member of staff, if they had any concerns. Relatives spoken with were complimentary of the care provided. Training records indicated that all staff had received up-to-date training on the prevention, detection and response to abuse. Staff members spoken with by the inspector were knowledgeable of what constituted abuse and what to do in the event of suspicions, allegations or disclosures of abuse. Residents spoken with by the inspector stated that they felt safe in the centre.

The inspector viewed a sample of residents' financial records. The centre was pension
agent for a number of residents and credit union accounts had been opened on behalf of these residents. Progress was being made towards ensuring that all pensions would be paid into these accounts but in the interim this money was being lodged into a resident specific account. There were adequate financial records available of lodgements and expenditure by or on behalf of residents. The inspector was satisfied that there were adequate systems in place to safeguard residents' money.

There was an up-to-date policy on responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia). Based on discussions with staff and a review of residents' records, staff had the knowledge and skills to appropriately respond to responsive behaviour. A 5-day programme of training on Dementia Care was facilitated in June 2016 and all care staff employed in the centre at that time attended this training. The training programme included a module on responsive behaviour.

A restraint free environment was actively promoted. The person in charge had undertaken an extensive programme of education to support staff reduce the use of restraint in the centre. Only two residents had bedrails in place and these were in place at the request of residents or relatives. Adequate risk assessments had been completed prior to the use of the bedrails and there were regular safety checks while the bedrails were in place. There was very little chemical restraint used, and when it was used, it was only done following the exploration of all alternatives.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

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

**Findings:**
There was an up-to-date safety statement. There was a risk management policy and associated risk register that addressed the risk of and measures in place to control the risks specified in the regulations. There was an emergency plan that addressed emergencies such as loss of power, absconding, fire, and the safe placement of residents in the event of a prolonged evacuation. Training records indicated that all staff had received up-to-date training on manual handling.

The inspector reviewed the accident and incident log. Accidents and incidents were reviewed individually to identify what measures were required to minimise the risk of reoccurrence. Audits were also completed to identify trends as an opportunity for learning.

There were procedures in place for the prevention and control of infection, such as a
colour coded cleaning system, a schedule for cleaning, and hand-wash basins and hand hygiene gel dispensers located at suitable intervals throughout the centre.

Suitable fire equipment was provided throughout the centre. There were records available demonstrating the regular maintenance of fire safety equipment, the fire alarm system, and emergency lighting. There were records of the daily inspection of means of escapes and routine sounding of the fire alarm system on a weekly basis. All emergency exits were seen to be free of obstruction on the days of inspection. Training records indicated that all staff had received up-to-date training in fire safety. Records indicated that fire drills were held regularly, including unannounced fire drills. Some improvements, however, were required in relation to fire drills. For example, most fire drills were conducted from the dining room, kitchen or sitting room. Fire drills were not routinely conducted to simulate the evacuation of a fire compartment using a night time scenario, when all residents would most likely be in their beds and there would be three members of staff on duty. Additionally, the record of the fire drill should clearly differentiate the staff actively participating in the drill from observers. Staff members spoken with by the inspector demonstrated adequate knowledge of what to do in the event of a fire. The centre operated a no-smoking policy, so residents that smoked were not accepted for admission.

**Judgment:**
Substantially Compliant

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**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:**
There was a policy for ordering, prescribing, storing and administration of medicines. The inspector viewed a sample of residents’ prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for PRN (as required) medications.

There were adequate procedures in place for the on-going review of medications by each resident’s general practitioner (GP). A pharmacist visited the centre regularly and carried out an extensive review of each resident’s prescription. The review included the use of psychotropic medications. Medication administration practices observed by the inspector were in compliance with relevant professional guidance.

There were regular medication audits carried out both internally and by the visiting pharmacist. The inspector observed the weekly delivery of medications and these were
checked against the prescription by the pharmacist and a staff nurse to ensure they correlated. Training records indicated engagement in medication management training by nursing staff, which was delivered both online and by the pharmacist.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. Medications requiring refrigeration were stored appropriately and the temperature of the fridge was monitored and recorded. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

**Judgment:**
Compliant

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

**Findings:**
The inspector was satisfied that residents' health care needs were met to a good standard through appropriate medical and nursing care. The inspector reviewed a sample of residents' records that incorporated the use of validated assessment tools for issues such as risk of falling, risk of developing pressure sores and for the risk of malnutrition. Significant improvements had been made in care plans since the last inspection. The design and layout of the care plans had been changed and the record was better organised and information was more accessible. There were records of comprehensive assessments on admission and at regular intervals thereafter using recognised assessment tools. Care plans were developed based on issues identified on assessment by nursing staff and also incorporated feedback from allied health and specialist services. The care plans were personalised and provided good guidance on the care to be delivered.

Residents had access to general practitioners (GPs) of their choice, and to allied healthcare services including dietetics, speech and language, physiotherapy, occupational therapy, psychiatry, chiropody and palliative care. GPs visited the centre regularly and there was evidence that residents were reviewed regularly. Out-of-hours GP services were also available.

**Judgment:**
**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):**
No actions were required from the previous inspection.

**Findings:**
Aras Mhuire Nursing Home was a single storey building located on the grounds of Listowel Community Hospital in Co. Kerry. The premises comprised 20 single bedrooms and nine twin bedrooms, including five ensuites. All bedrooms were equipped with wash-hand basins. Adequate bathroom and toilet facilities were available and appropriately located with separate facilities available for staff including an area for changing and storage.

The premises overall were clean and well maintained. There were two communal areas available to residents including one that led directly onto a courtyard area for residents’ use. Residents had safe access to outside recreational areas. Residents’ rooms were comfortable and seen to be personalised with individual possessions and memorabilia. The design and layout of the centre was in keeping with its statement of purpose and accommodation included adequate space for the storage of personal belongings.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage all laundering processes.

Residents had access to assistive equipment as required and staff had received current training in manual handling. Equipment such as wheelchairs, hoists and beds were maintained in good working order and servicing records were in place. The premises, overall, was seen to be clean and well maintained.

**Judgment:**
Compliant

**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):
No actions were required from the previous inspection.

Findings:
There was an up-to-date policy and procedure for the management of both verbal and written complaints. The policy identified the complaints officer and an independent appeals process. The procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed prominently at the centre. A summary of this information was also available in the guide for residents and statement of purpose.

A record of complaints was maintained which included details of the complaint, the investigation, outcome and whether or not the complainant was satisfied with the outcome of the complaint. The person in charge operated a practice of also recording issues from residents’ meetings in the complaints log to capture learning. Complaints were also audited as an opportunity for learning.

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:
Arrangements were in place to facilitate residents' consultation and participation in the organisation of the centre. This was done through residents' forums and residents' surveys. The residents’ forum was chaired by a resident, who was also available to orient new residents to the centre and answer any questions they may have. The chairperson was supported by staff to record minutes and assist in bringing any issues to the attention of management. Minutes of meetings indicated that a large number of residents attended the meetings and any issues raised were addressed to the satisfaction of the residents.

There was a comprehensive programme of activities that included chair exercises,
quizzes, SONAS, music, art, and movie nights. Activities were also facilitated for residents in the evening time. Residents were supported to attend activities external to the centre and there were a number of outings, particularly during the summer. For example, residents had gone on outings to a nature attraction in Tralee, the Listowel races, Doonbeg, Ballybunion, a local garden centre, and had also participated in the local St. Patrick’s Day parade.

Information was freely available to residents, including copies of HIQA standards and previous inspection reports. Residents had freedom to choose how to live their day, such as when to get up in the morning and where to have their meals. Visitors were free to come and go throughout both days of the inspection and there was no restriction on visiting times. Visitors and staff were familiar with each other and there was a welcoming attitude to visitors in the centre.

The religious and spiritual needs of residents were met and clergy from the religious denomination of each resident were welcome to visit at any time. Residents had access to local and national newspapers and there was a telephone available for residents' use. Staff treated residents with dignity and respect and were seen to respect the privacy of residents.

**Judgment:**
Compliant

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector observed staff interacting with residents in a kind and caring manner. Residents and relatives spoken with by the inspector were complimentary of staff and of the care residents received.

Staffing rosters were reviewed and the inspector was satisfied that there was an adequate number and skill mix of staff on duty to meet the needs of the residents. An actual and planned rota was available which ensured that a nurse was always on duty, including night duty, at the centre.
The inspector reviewed the centre’s training records, which were well organised and accessible. Records indicated a substantial commitment by management to the professional development of staff and the person in charge was proactive in facilitating staff to undertake training beyond the mandatory requirements. For example, a five day training course had been organised and all care staff employed in the centre at the time of the training were facilitated to attend.

There was a process of induction for new staff to ensure staff were familiar with policies, procedures, and practices in the centre. There was a staff appraisal system and all staff, including management, had undergone the appraisal process.

The inspector reviewed a sample of personnel files in which the requirements of Schedule 2 of the Regulations were met with up to date an Bord Altranais registration in place for all members of nursing staff.

**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:**

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<th>Centre name:</th>
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<tr>
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<td>OSV-0000190</td>
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<tr>
<td>Date of inspection:</td>
<td>24/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/03/2018</td>
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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 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Some improvements were required in relation to fire drills. For example:

- most fire drills were conducted from the dining room, kitchen or sitting room. Fire drills were not routinely conducted to simulate the evacuation of a fire compartment using a night time scenario when all residents would most likely be in their beds and there would be three members of staff on duty
- the record of the fire drill should clearly differentiate the staff actively participating in

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
the drill from observers.

1. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Fire drills will be routinely conducted to simulate the evacuation of a fire compartment using a night time scenario when all residents would most likely be in their beds and there would be three members of staff on duty.

The record of the fire drill will clearly differentiate the staff actively participating in the drill from observers.

**Proposed Timescale:** 01/03/2018