

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Aras Mhuire Nursing Facility
Centre ID:	0114
Centre address:	Beechgrove
	Drogheda
	Co. Louth
Telephone number:	041-9842222
Fax number:	041-9843767
Email address:	arasmhuire@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Aras Mhuire Ltd
Person in charge:	Ann Nicholls
Date of inspection:	11 May 2012
Time inspection took place:	Start: 09:40 hrs Completion: 14:00 hrs
Lead inspector:	N/A
Support inspector:	Sonia McCague
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input checked="" type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> 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 wellbeing 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 Nursing Facility is owned and operated by the Medical Missionaries of Mary (MMM). The centre is a single-storey building which opened in 1994 that 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 30 female residents living in the centre, 29 residents were sisters of the Medical Missionaries of Mary with one visitation sister.

The entrance to the centre was locked and opened on ringing a door bell. An MMM sister works as a volunteer and is based at a reception desk at the entrance.

A large foyer area furnished with comfortable armchairs and a hall table was occupied by a group of residents gathered to pray, read newspapers and chat. 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. The centre has a large bright dining room adjacent to a kitchenette where meals are served from. Meals are prepared in the convent kitchen located separate from the centre but on site.

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 situated in the convent grounds of the Medical Missionaries of Mary Congregation.

Date centre was first established:	1994
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

Dependency level of current residents	Max	High	Medium	Low
Number of residents	6	17	7	0

Management structure

The Provider is Aras Mhuire Ltd. which includes seven directors. The nominated person as provider is Sr. Doreen McEvoy who reports to Sr Siobhan Corkery the Congregational Leader and a Director of the Aras Mhuire Ltd.

The person in charge is Ann Nicholls who reports to the nominated provider. All other staff including nurses, administration, supervisors, care assistants and household staff report to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	0	2	6	3	2	0	6*

* Pastoral team includes receptionist and activity therapist (three MMM sisters), one maintenance person, an electrician and catering/household supervisor

Background

This unannounced 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 person in charge and to follow up on matters arising on the last inspection.

An interview was held 21 February 2012 with Ann Nicholls following her appointment as the person in charge.

The previous inspection carried out on 8 February 2011 identified six 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*.

The inspector followed-up on all matters arising since the previous inspection.

Summary of findings from this inspection

Since the last inspection on 8 February 2011, the provider person in charge and staff team had satisfactorily addressed three of the six actions reported within the Action Plan of that report. One of the remaining three actions had been partly addressed but two required further improvement and consideration. These outstanding actions are restated in the Action Plan at the end of this report.

In the absence of the person in charge and administrative staff, the nurse in charge, during this unannounced inspection, was unable to access relevant data and records for the purposes of inspection and monitoring. As a result, two additional required actions have been added regarding the availability of records in the centre.

Overall, the inspector was satisfied with the care and welfare of residents within the centre. Residents were complimentary of staff and the relatively new person in charge. Residents told the inspector they were comfortable, well cared for and felt safe in the centre.

Issues covered on inspection

A fit person interview was conducted with the person in charge on 21 February 2012. Inspectors were satisfied that she met the requirements of the Regulations. During the unannounced inspection the person in charge and her deputies were off duty.

An updated statement of purpose that included the current management arrangements and requirements was completed and available.

Actions reviewed on inspection:

1. Action required from previous inspection:

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

The implementation of this action remains unconfirmed.

The inspector was unable to determine if this action was completed. The accounts manager and administrator of residents' finances were not on duty and the centres policy and procedure regarding the management of residents' finances was not available on the day for inspection. The nurse in charge did not have access to residents financial account details or personal arrangements. Therefore, this action is restated and will be followed up at the next inspection.

2. Action required from previous inspection:

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.

This action was partly addressed.

A monthly audit of clinical and environmental safety aspects was recorded demonstrating remedial action, learning for staff and positive outcomes for residents. The environment was clean, well maintained and secure. Arrangements were in place for reporting and recording incidents and injuries to residents and staff, and training in moving and handling was ongoing. While policies and procedures related to the assessment, control and management of risks such as incidents, accidents and falls was available, they did not include or clarify what precautions were in place to control risks such as self harm and assault and arrangements in place in the event of an emergency specific to Regulation 31.

3. Action required from previous inspection:

Investigate all complaints promptly.

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

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

This action was addressed.

This action had progressed and records available within the complaint file demonstrated timely investigation/consideration and response to complainants.

The complaints policy had been updated since the last inspection to include information required. However, the arrangement of information, forms and appendices pertaining to the complaints process required referencing within the complaint policy in a orderly fashion to facilitate consistency, staff use and understanding.

4. Action required from previous inspection:

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.

This action had been addressed and was completed satisfactorily.

In the sample of medical records reviewed by the inspector medical entries in residents' notes of medication, incident and condition reviews were signed and dated by the general practitioner (GP). Notes reviewed confirmed regular and appropriate access to the GP and allied health care services.

5. Action required from previous inspection:

Ensure that the recruitment policy and all staff files contain the documents listed in Schedule 2 of the Regulations.

This action remains outstanding.

The nurse in charge informed the inspector that she had no access to staff employment files and was unable to locate the recruitment policy on the day of the inspection. This policy was communicated to the inspector on the person in charges return and included relevant details requiring all employees to have Schedule 2 documents in place prior to commencement of employment. Despite this a recently

employed relief nurse who was on duty during the inspection informed the inspector that she had not completed a Garda Síochána vetting application form or provided reference details and medical declaration documents required in line with Schedule 2 of the Regulations, for persons working in a designated centre.

Three volunteer sisters from the MMM congregation were assisting and supervising residents in the centre during this inspection. The person in charge is required to ensure documents required in Regulation 34 will be available for inspection and monitoring in future. This requirement is reported in the action plan.

The nurse in charge did not have access to staff details or personal files of those working in the centre. The inspector informed the nurse in charge and requested that she report this to the person in charge and provider. This action is restated and will be followed up at the next inspection.

6. Action required from previous inspection:

Cleaning chemicals should be stored in a safe and secure manner

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

The inspector was satisfied that this action had been addressed satisfactorily.

Rooms storing chemicals and cleaning products were locked. A safety statement and policy was available and operational.

Report compiled by:

Sonia McCague

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

29 May 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
8 February 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
30 March and 31 March 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Aras Mhuire Nursing Facility
Centre ID:	0114
Date of inspection:	11 May 2012
Date of response:	22 June 2012

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 and person in charge has failed to comply with a regulatory requirement in the following respect:

The accounts manager and administrator of residents' finances were not on duty and the centres policy and procedure regarding the management of residents' finances was not available on the day for inspection.

Action required:

Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Regulations, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

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

Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Regulation 17: Training and Staff Development Standard 9: The Residents' Finances Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have revised the operational policies and procedures relating to the residents' personal/community possessions. Aras Mhuire has a clear policy on management of the residents' personal property and staff are informed of this. The person in charge shall ensure records are kept of the resident's personal and communal monies and that all transactions are countersigned. Person in charge shall ensure all staff members are made aware of the Regulations and rules dealing with the general welfare and protection of resident's in Aras Mhuire.	Immediate

2. The provider has failed to comply with a regulatory requirement in the following respect: A policy specific to the management of risks such as self harm and assault required in Regulation 31 was not available.
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.
Action required: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.
Action required: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Action required:	
Put in place an emergency plan for responding to emergencies.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A comprehensive risk management policy is in place that is implemented throughout the centre. This will comply with health and safety legislation for providing and maintaining a healthy and safe work environment with safe systems of work.</p> <p>Aras Mhuire has risk management policies to cover the precautions in place to control the following specified risks:- Unexplained absence of a resident; assault; accidental injury to resident or staff; aggression and violence; and self harm.</p> <p>Person in charge, in accordance with relevant legislation, promotes health and safety work practices through provision of information, training and supervision. A health and safety committee has been formed to ensure identification, record keeping, investigation and learning from all incidence or adverse events.</p> <p>The current emergency plan is under review and will be updated as necessary in order to respond to all emergencies.</p>	01/07/2012

<p>3. The provider and person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>A nurse on duty informed the inspector that she had not completed an application form for Garda Síochána vetting or provided reference details and medical declaration documents required in line with Schedule 2 of the Regulations.</p> <p>The nurse in charge was unable to access staff files for the purposes of inspection.</p>
Action required:
Ensure that the recruitment policy and all staff files contain the documents listed in Schedule 2 of the Regulations.

Action required:	
Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Regulations, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Person in charge shall ensure that the recruitment policy and all staff files will contain the documents listed in Schedule 2 of Regulations and that full and satisfactory information is available at all times to the inspectorate in relation to the respected matters set out in Schedule 2.</p> <p>Person in charge will through training and education ensure that all staff are aware of the following documents:- Health Act 2007, the Regulations, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents. These will be available and accessible to staff at all times.</p>	01/08/2012

4. The provider has failed to comply with a regulatory requirement in the following respect:
Residents finance records and persons employed at the designated centre were not available for inspection and monitoring purposes, as required.
Volunteers working in the centre were not included on the planned or actual roster.
Action required:
Make the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.
Reference:
Health Act, 2007 Regulation 22: Maintenance of Records Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The volunteers provide a planned roster each week to the person in charge, this will be attached to the actual roster.</p> <p>Records listed under Schedule 3 and 4. To be made available at all times for inspection and monitoring purposes. This Regulation will be implemented with immediate effect.</p>	<p>Immediate</p>

<p>5. The provider and person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The inspector was unable to determine if the roles and responsibilities of volunteers in the centre were set out in an agreement between the designated centre and the individual and they were vetted appropriate to their role and level of involvement with residents.</p>	
<p>Action required:</p> <p>Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.</p>	
<p>Action required:</p> <p>Provide supervision and support for volunteers working in the designated centre.</p>	
<p>Action required:</p> <p>Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 34: Volunteers Standard 22: Recruitment</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Person in charge shall ensure that the roles and responsibilities of all volunteers will be set out in a written agreement between the individuals and Aras Mhuire.</p>	<p>01/08/2012</p>

<p>The volunteers in Aras Mhuire will receive supervision and support appropriate to their role and level of involvement in the Residents care.</p> <p>All volunteers working in Aras Mhuire will be screened appropriately to their role and level of involvement in Aras Mhuire.</p>	
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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.

Standard	Best practice recommendations
Standard 6: Complaints	Arrange and reference within the complaints policy all related information, forms and appendices pertaining to the complaints process to facilitate consistency in recording, staff management and understanding.

Any comments the provider may wish to make:

Provider’s response:

Person in charge to review and reference the complaints policy and related information. To ensure clarification and facilitate consistency in record keeping, a flow chart will be used to demonstrate this procedure it will also be inserted into the Residents’ Guide and a summary of the complaints process will be placed in each of the residents zones in Aras Mhuire.

We are committed to provide an environment that is conducive to residents, staff, family and visitors been able to make suggestions and complaints in a spirit of openness without fear of adverse consequences.

Provider’s name: Ann Nicholls

Date: 20 June 2012