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Aras Mhuire Nursing Home, Greenville, Listowel, Kerry.

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Authors	Conway, Col
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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Aras Mhuire Nursing Home
Centre ID:	ORG-0000190
Centre address:	Greenville, Listowel, Kerry.
Telephone number:	068 21 470
Email address:	amnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Listowel Old Folks Home Company
Provider Nominee:	John O'Keeffe
Person in charge:	Catherine (Kay) Bryant
Lead inspector:	Col Conway
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	0

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 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 April 2014 08:00 To: 10 April 2014 15:30

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

Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection that was undertaken in regard to two specific Outcomes, end of life care and food and nutrition. While this inspection focused primarily on these two Outcomes, the inspector did note two non-compliances in relation to the premises in so far as they related to end of life care and food and nutrition. These will be outlined in the body of the report.

Prior to this inspection self-assessment questionnaires had been submitted to the Authority by the Person in Charge and these were reviewed by the inspector. During the inspection the inspector met with some residents and staff, reviewed the premises and observed some practices. The inspector also read: relevant policies and procedures, meal menus, the complaints log, minutes of residents' meetings, records of staff training and a sample of residents' records.

The inspector found evidence that overall a good standard of care was provided in regard to end of life care and food and nutrition and staff were knowledgeable about residents' needs and they were observed providing support and care in a skilled and respectful manner. Residents confirmed that they felt well cared for by staff that knew them well and respected their choices and preferences.

The two action plans at the end of this report identify areas where improvements are needed to fully meet the requirements of the Regulations and the Authority's Standards.

Section 41(1)(c) of the Health Act 2007 Compliance with 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.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

Findings:

While twin bedrooms had screening curtaining it was not adequate to ensure privacy around each bed space.

The inspector also noted in the dining room that some of the floor covering was damaged as were some of the coverings on the chairs.

Judgement:

Non Compliant - Moderate

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:

No actions were required from the previous inspection.

Findings:

The self-assessment questionnaire completed by the person identified compliance with Regulation 14 and Standard 16. The inspector concurred with this assessment as robust evidence was found that each resident received care at the end of their life which met their physical, emotional, social and spiritual needs and respected their dignity and autonomy.

The person in charge sent questionnaires to some relatives asking their opinions

regarding the end of life care that their relative had received. The inspector reviewed the completed questionnaires and the relatives' responses indicated a high level of satisfaction with the care that had been provided.

There was a centre-specific written policy in regard to providing end of life care and it was available for staff to read. Staff training records indicated that staff had been provided with opportunities to attend training updates on the provision of end of life care and the person in charge confirmed that at the time of inspection there were four carers undertaking a FETAC (Further Education and Training Awards Council) level 5 end of life care programme.

The person in charge demonstrated a strong commitment to person-centred end of life care as she had made it a priority for discussions to be had with all residents and/or their relatives about what they exactly wanted in regard to end of life care. The inspector reviewed a sample of records for residents that were living in the centre at the time of inspection and it was clearly documented what requests and preferences they had in regard to their own end of life care choices. Comprehensive and up-to-date care plans were in place and residents' wishes were captured in detail. The inspector spoke with some residents and they confirmed they had been provided with opportunities to discuss with a key worker what their choices were and they felt reassured that they had been listened to and had been made to feel comfortable about having these conversations.

The inspector reviewed a sample of records for two residents who had recently received end of life care. The records indicated that residents had been medically reviewed by their general medical practitioner on a frequent basis and the nursing care plans and daily nursing notes indicated the residents had also received appropriate nursing care. Upon referral community palliative care services had been made available when required and a multi-disciplinary care approach was clearly evident. The records indicated good communication between all health professionals and the individual residents as well as involvement with the respective relatives.

There was evidence that religious needs were facilitated as residents had access to an oratory/prayer area within the centre as well as pastoral care if requested. Residents described their positive experiences of having opportunities to pay their respects to residents who had died in the centre as they were "waked" in the centre.

Residents and staff confirmed that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors. While there was not a dedicated relatives' room in the centre, relatives were facilitated to stay overnight if required as a reclining chair was made available.

The inspector found clear documented evidence that deceased residents' personal belongings were returned to their identified representative/s.

Judgement:
Compliant

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:**Findings:**

The self-assessment questionnaire completed by the person in charge identified a minor non-compliance with Regulation 20 and Standard 19 in relation to completion by nursing staff of assessments of residents' oral health. It was noted by the inspector that work had progressed with sourcing an appropriate oral assessment tool for nursing staff to use.

Some residents had been given questionnaires to complete regarding food and nutrition and their responses indicated a high level of satisfaction with the choice and variety of food that was available and residents that the inspector spoke with also confirmed the same. The food menus also indicated variety and choice was available to residents. Residents were provided with opportunities to provide feedback regarding food menus as the residents' committee minutes indicated menu requests made by residents.

The centre had the required written policies and procedures in place regarding food and nutrition and there was evidence that these were reflected in practice.

Staff training records indicated that staff had been provided with opportunities to attend relevant training and education sessions over the previous two years and there was evidence that training was ongoing, such as, nutrition for older people, food HACCP (Hazard Analysis Critical Control Point) safety and management of dysphagia (swallowing difficulty).

The inspector met with the chef who confirmed that catering staff were aware of individual resident's food preferences and special dietary requirements and there was written information available in the kitchen to support this.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. It was noted that residents had the choice of having their breakfast served in their bedrooms or in the dining room and at a time of their choosing. Cold drinks were readily available for residents and these consisted of fresh water, various cordials or juices and they were placed in covered jugs. Staff were also observed offering both hot and cold drinks throughout the day as well as light snacks between main meals.

The inspector observed lunch being served in sufficient portions and presented in an appealing manner. The inspector observed an adequate number of staff available to

meet residents' needs during the lunch time meal and both nursing and care staff were knowledgeable regarding residents that required specific assistance due to their individual needs. The inspector observed appropriate assistance being provided by staff in a respectful manner, for example, if a resident had a swallowing difficulty. The meal time was observed to be a social occasion, not hurried and staff were overheard engaging with residents in a relaxed manner.

The inspector reviewed a sample of residents' nursing, medical and allied health records and there was evidence of a multi-disciplinary approach to managing residents that had specific nutritional needs and/or had risk of poor nutrition. Nurses used well recognised assessment tools to assess and monitor on an ongoing basis residents' nutritional status and nursing care plans were in place to support residents with their nutritional needs. Those residents that required close monitoring had food charts in place, their total daily intakes were closely observed and they had their weights regularly recorded. Residents' nursing and medical records indicated that residents had regular review by medical practitioners and any deterioration in a resident's food or fluid intake was well communicated. There was evidence that residents had timely access to dietician services and speech and language therapy for swallowing assessments and nursing care plans and daily records indicated staff implemented specific recommendations that were made.

The inspector reviewed a sample of prescription records and nutritional supplements were prescribed and this was also confirmed by nursing staff.

Overall there was robust evidence available that residents had their food and nutrition needs well met.

Judgement:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Col Conway
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhuire Nursing Home
Centre ID:	ORG-0000190
Date of inspection:	10/04/2014
Date of response:	25/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

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:

There was not adequate screening curtaining around the bed spaces in twin bedrooms to ensure privacy.

Action Required:

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

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

Plans have been drawn up and are to be submitted to Kerry County Council before 21

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

July 2014 for the addition of seven single en suite bedrooms. This is in order to facilitate all existing twin rooms to be converted to single rooms.

Proposed Timescale: 31/12/2014

Theme:

Effective Care and Support

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

Some of the floor covering in the dining room was damaged.

Covering on some of the chairs in the dining room was damaged.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

The dining room is being completely redecorated. All seating to be recovered and damaged flooring will be replaced.

Proposed Timescale: 30/09/2014