



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Catherine McAuley House
Name of provider:	Congregation of Sisters of Mercy South Central Province
Address of centre:	Old Dominic Street, Limerick
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000413
Fieldwork ID:	MON-0037746

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Catherine McAuley House Nursing Home is approved to provide accommodation for up to 33 residents. We cater for residents of all dependencies, low, medium high and maximum and provide 24-hour Nursing care. Convalescence, respite and long-term care is provided by the home and the provision of quality person centred care is very much a shared belief here in our centre. We commit to enabling all residents to lead as full lives as possible in a caring respectful environment. All members of staff undergo regular and ongoing in-house training to ensure they are provided with the necessary skills to properly fulfil their duties, responsibilities, and roles. Catherine McAuley House is committed to providing superior quality facilities and services within a loving and caring environment where residents are encouraged and supported to realise their full potential. In order to provide optimum care for our residents it is vital that residents have their opinions voiced and heard. After discussion with our residents the following are statements which we feel should be included in our philosophy of care. Our philosophy of care is based on the concept of holism and the rights of the person.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 September 2022	09:30hrs to 18:30hrs	Oliver O'Halloran	Lead

What residents told us and what inspectors observed

The feedback from residents living in Catherine McAuley House Nursing Home was that this was a safe and comfortable place to live, and that staff were responsive to their needs. Residents spoke positively about the staff who cared for them, the activities schedule available to them and the quality of food in the centre.

On arrival at the centre, the inspector was met by the person in charge and clinical nurse manager. The inspector was shown around the centre, accompanied by the clinical nurse manager. Following this the inspector had an introductory meeting with the person in charge setting out the plan for the inspection.

The inspector spoke with residents throughout the day who described their experience of living in the centre, overall the feedback was positive. Residents were complimentary about the staff, the food and the environment in the centre. One resident told the inspector that 'the place is perfect, it's so safe and calm here'. Another resident told the inspector that 'the staff are kind and patient with me, they know me'. The inspector observed visitors coming and going in the centre throughout the day.

There were up to date written menus on clear display in resident dining areas. Where residents required assistance, staff were observed to provide this assistance in a respectful manner. Residents were complimentary about the food and choice of meals on offer, and described that options outside of the menu choices were available to them on request.

Residents had access to daily newspapers, radio, television, telephone and the Internet. A number of resident's were seen spending time reading the daily newspaper. An activities schedule was clearly displayed, which guided residents in which group activities were taking place on each day of the week. The activities co-ordinator was seen facilitating group activities in the morning and the afternoon, these activities were seen to provide an opportunity for social interaction between the co-ordinator and the resident's who were participating. Residents were seen mobilising independently in the centre, and were provided, when necessary with assistance when mobilising.

The Inspector observed a calm, unhurried atmosphere in the centre. The interactions between staff and residents were observed to be kind and respectful. Staff were observed to respect resident preferences and staff were seen to use care giving intervention time as an opportunity to engage socially with residents.

The centre was laid out over a ground and first floor with lift access between floors. Resident accommodation was provided on both floors and comprised of single rooms and one twin, multi-occupancy room, which accommodated one resident on the day of inspection. During the walk around of the centre, the inspector observed that residents had access to communal lounges, a dining room, foyer seating area

overlooking the garden and a chapel on the ground floor. The inspector observed residents use the communal lounge and foyer seating area throughout the day. There was also unrestricted access to an enclosed garden area, which had ample seating and was nicely landscaped.

During the day the inspector noted that the centre was visibly clean and well maintained throughout. There was adequate lighting throughout, and it was decorated to provide a pleasant environment. All resident bedrooms and communal areas had call bell access so residents could call for assistance when needed. To support resident mobility, there were appropriately placed grab rails in bath, shower and toilet areas. Resident bedroom accommodation had sufficient storage space, including a lockable storage space, a bedside locker and wardrobe. There was space to display items of personal significance to residents such as photographs and ornaments, which were seen in resident bedrooms. The inspector observed that residents' personal clothing was laundered on site, and to reduce the risk of items getting lost there was a clothing identification system in place to aid the identification of individuals personal clothing.

One area that required action from the provider was in relation to fire doors. A number of the fire doors in the centre did not close fully when activated, there were also a number of fire doors with visible gaps between the doors when in the closed position. These doors would not be effective in containing fire, in the event of an outbreak of fire.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Residents were comfortable in the centre, and were supported by a staff team who knew their needs well. One area that required improvement was oversight of fire precautions.

This was an unannounced risk inspection carried out on one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, (as amended).

The registered provider of the centre is the Congregation of Sisters of Mercy, South Central Province. The provider had a clear governance structure in place, with lines of authority and accountability clearly defined. The person in charge was supported by the registered provider representative. On site, the person in charge was supported by the household manager, part time administrator and two clinical nurse managers, who worked part time hours. A clinical nurse manager deputised in the

absence of the person in charge. There was a team of nursing, care and support staff in place. The provider had ensured that the designated centre had sufficient staffing resources to ensure the effective delivery of care as set out in the centres statement of purpose. Throughout the day of inspection, the inspector observed that residents needs were being met in a timely manner.

The provider had oversight systems in place to ensure that the service provided was safe and effectively monitored. There was an audit schedule in place, a range of clinical and environmental audits were undertaken. A review of records of staff and board of management meetings evidenced that areas for improvement identified through the audits, were addressed. The inspector observed that quality improvement plans were put in place, for example areas for improvement that were identified in complying with infection control standards, had resources allocated for the installation of hand wash sinks in the centre to comply with standards. They were seen to have been installed. There was evidence of ongoing quality improvement in other aspects of the service, for example deficits identified on cleaning audits had been addressed and resulted in quality improvement in this aspect of the service. There was evidence that risk was continually monitored in the centre, and that areas of high risk that required urgent actions were escalated to the board of management for review and actions to mitigate risk were implemented.

The person in charge had ensured that staff had access to appropriate training. Some examples of training accessible to staff included, fire safety training, people moving and handling training, vulnerable adults safeguarding training, infection control training and continence awareness training. There was a system in place to monitor staff training, and guide planning of ongoing training needs. A review of the systems in place evidenced that mandatory training for all staff was in date. Staff were appropriately supervised by the centres management team, by the person in charge, clinical nurse managers and the household manager. Staff who spoke with inspectors demonstrated appropriate knowledge of the residents needs and their specific role in meeting residents needs. To ensure appropriate support for staff, there was an induction process, and an ongoing appraisal system in place.

The provider had a complaints policy, and a complaints procedure was prominently displayed in the centre. The inspector reviewed complaints records and found that they contained sufficient detail of the nature of the complaint and the investigation carried out. The records also evidenced communication with the complainant, and that the complainant's satisfaction with the outcome was clearly documented. Residents who spoke with inspectors indicated that they knew how to go about making a complaint should the need to do so arise.

A record of incidents was maintained in the centre and on review inspectors found that the Chief Inspector had been informed of notifiable incidents in line with regulatory requirements.

Regulation 15: Staffing

The number and skill mix of staff was appropriate, having regard to the needs of the residents and given the size and layout of the designated centre. The staffing compliment was in line with what was set out in the centres statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and mandatory training was up to date for all staff.

Staff were appropriately supervised in their roles to ensure residents received safe and quality care.

Staff demonstrated awareness of individual residents needs

Judgment: Compliant

Regulation 21: Records

Information management systems were in place to ensure secure record keeping and file management systems were in place. A review of a sample of staff personnel files, evidenced that the files were securely stored. The staff personnel files reviewed contained the necessary information as required by schedule 2 of the regulations. Records with regard to the medical and nursing care provided to residents, were maintained in a manner that was safe and accessible and accurately detailed the care and treatment provided to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the centres statement of purpose. There was a clearly defined management structure that identified lines of authority and accountability.

Management systems were in place that ensured the service provided was safe, appropriate and effectively monitored. For example, There was a robust audit schedule in place which ensured continuous quality improvement in the centre.

An annual review was undertaken for the year 2021, which was informed by resident and relative feedback, the annual review was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector within the requirements of the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The Centre had a complaints policy and procedure. The complaints procedure was accessible to residents. A review of complaints found that complaints were managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents in this centre were receiving a high standard of safe and effective evidenced based care. The inspector observed improvements in the quality and safety of the service in relation to infection control in the centre. The provider had identified deficits in Infection control measures in the centre, and had provided resources for the installation of a number of dedicated hand washing sinks in the centre. However, action was required to comply with Regulation 28, Fire precautions.

Residents had their health and social care needs assessed on admission to the centre, validated assessment tools were used to assess resident need and inform the development of care plans to address residents identified health and social care needs. A review of residents care plans found that they were developed and reviewed, in consultation with the resident, and where appropriate their family. Reviews of care plans were at intervals not exceeding four months, or more frequently if the residents condition necessitated. For example, when a resident was diagnosed with an infection, a care plan was initiated to ensure the resident's needs were met in response to this change in their condition.

A review of a sample of residents' records evidenced that residents had timely access to their general practitioner (GP). Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place to access such treatment. For example, where a resident was assessed as experiencing weight loss, referral had been made to the dietitian, who had reviewed the resident. The resident's care records evidenced that the dietitian's treatment plan had been incorporated into the resident's care plan and was implemented.

Residents were provided with opportunities to consult with the centre's staff and management on how the centre was run through participation in resident forum meetings and resident surveys, the most recent resident survey was undertaken in May 2022, and the last resident forum meeting took place in August 2022. A review of minutes of resident meetings and resident survey responses evidenced that feedback given by residents was acted upon to improve the quality of the service for residents. There was an activity schedule in place seven days of the week, which included bingo and exercises which the residents reported they really enjoyed. There were also group activities such as table quizzes, reminiscing, poetry and garden walks. Mass was celebrated on site in the centre chapel three days a week. Residents reported they enjoyed the range of activities available to them in the centre. On the day of inspection, residents were observed to be facilitated to be engaged in activity throughout the morning and the afternoon. In the morning, residents were participating in a sing song session, facilitated by the activities co-ordinator and in the afternoon residents took part in an active games session.

The interior and exterior areas of the premises that were available for resident use were in a good state of repair. Records showed that flooring had been recently replaced where it had been identified that new flooring was required. The provider had also put measures in place to ensure that all resident care equipment was stored appropriately.

Infection prevention and control practices in the centre were guided by a centre specific policy. There had been an increase in resources allocated to ensuring effective cleanliness of the environment since the previous inspection of the centre. There was a cleaning schedule in place. Audit of the cleanliness of the centre was undertaken on a weekly basis, identified deficits were communicated to staff. The inspector spoke with staff, who demonstrated knowledge of the systems in place in the centre to minimise the potential for the spread of infection, for example they were clear of the cleaning procedures and cleaning products to be used.

While the provider was undertaking a range of checks, the inspector noted there were fire doors that did not close fully when activated, and therefore would not contain smoke and flames in the event of an outbreak of fire. In addition there were fire doors with visible gaps between the doors when the doors were in the closed position. Adequate arrangements were not in place to ensure timely evacuation of residents in the event of an outbreak of fire, evacuation drills completed in the centre were undertaken with the full day time staffing compliment on duty.

Regulation 17: Premises

The premises met the individual and collective needs of the residents and was maintained in a satisfactory state of repair. There was adequate sitting, recreational and dining space made available for residents to use.

The external enclosed garden was well maintained, had ample garden seating and was accessible to residents.

The centre was found to be well-lit, warm and comfortably furnished for residents.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the authority were in place, and were being implemented by staff in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Action is required to ensure compliance with regulation 28. For example

- There were fire doors which did not close fully when activated, this would render them ineffective in the prevention of spread of fire and smoke in the event of a fire. Furthermore there were fire doors with visible gaps between doors when in the closed position.
- Staff were unable to interpret the detail on the fire location maps that were on display in the centre, this would result in a delay in evacuating residents to a safe area, in the event of an outbreak of a fire.
- Adequate arrangements were not in place to ensure timely evacuation of residents, for example: Evacuation drills completed in the centre were undertaken with the full day time staffing compliment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' had a comprehensive assessment of health and social care need undertaken, informed by validated assessment tools. Care planning documentation, based on the findings of the assessments was available for all residents in the centre. Care plans were reviewed at intervals not exceeding four months or as the residents condition necessitated, these reviews were in consultation with the resident and where appropriate, the resident's family.

Judgment: Compliant

Regulation 6: Health care

Residents has timely access to their General Practitioner, and to allied health professionals, by means of referral. Allied health and social care professional recommendations and treatment plans were acted upon and integrated into the residents plan of care.

Judgment: Compliant

Regulation 9: Residents' rights

Interactions between residents and staff were observed to be kind, dignified and respectful. Residents were encouraged to exercise choice and had control over how they spend their day and their right to privacy was upheld.

The registered provider had ensured that residents were consulted about, and participated in the management of the centre through participation in residents meetings and undertaking resident surveys. Residents had the choice to participate in a variety of activities. Residents had access to an independent advocacy service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Catherine McAuley House OSV-0000413

Inspection ID: MON-0037746

Date of inspection: 21/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A compartmental fire evacuation drill has taken place with night staff since our last inspection . Compartment evacuation drills in future will be carried out with consideration for the changing compliments of staff throughout the day and night so that residents can be evacuated in a timely manner .</p> <p>A suitably qualified and skilled tradesperson has now been sourced to attend to any future fire door concerns in a timely manner. Significant alterations which took place on several doors in the last number of months and is now complete.</p> <p>The fire location maps are presently being updated to ensure that residents and staff can easily interpret them in the event of an outbreak of fire in our centre.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	11/12/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	11/12/2022

	containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	11/12/2022