



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:	Beaumont Woods, Beaumont, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	30 May 2024
Centre ID:	OSV-0000125
Fieldwork ID:	MON-0043807

About the designated centre

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

Catherine McAuley House is a purpose-built nursing home which opened in April 1996 and was extended in 2014 to improve the facilities and quality of care provided to residents. The nursing home is registered for 35 residents and the registered provider is the Congregation of Sisters of Mercy South Central Province. The centre can accommodate female residents over the age of 18 with a variety of care needs. This includes residents requiring long term residential care, respite and convalescence care.

The centre is a single-storey building, with 35 single en-suite bedrooms. Communal areas available to the residents include a dining room, two large sitting rooms and an enclosed courtyard garden. The philosophy of care is based on the concept of holism and on the rights of the person. The standards are underpinned by the belief that each person must be treated with dignity and respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Thursday 30 May 2024	09:30hrs to 17:05hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

From the inspector's observations, it was evident that residents living in Catherine McAuley House received a high standard of quality and personalised care. Throughout the day, the atmosphere in the centre was relaxed and calm.

On the day of inspection the inspector was met by a member of the administration team. After a brief introductory meeting, the person in charge escorted the inspector on a tour of the premises.

The centre was located on the outskirts of Dublin city and was located close to local amenities and serviced by Dublin bus routes. The centre was spread out over one floor and was observed to be clean and well-maintained. Residents' bedrooms were warm and comfortable and had a homely feel to them. Many residents had personalised their rooms with photographs and personal possessions from their homes. There was adequate storage in all of the bedrooms for residents to store their clothes and personal possessions, and all bedrooms had lockable storage space if they wished to use it.

Residents have access to a variety of small and large communal areas for use, including dining facilities, sitting rooms and a large chapel. These rooms were seen to be clean, bright, comfortable and tastefully decorated. The chapel was large and bright with ample seating for residents and was complete with an altar and stained glass windows. Residents were observed to use this space for quiet prayers and reflection throughout the day of inspection. Mass was held in the afternoon and most residents were seen to attend this service. Outside the centre, there were two enclosed garden spaces that were well maintained, wheelchair accessible and had appropriate seating.

Most residents were observed to socialise freely with each other in the various communal spaces. There was an activity co-ordinator working in the centre Monday to Friday. Various activities were observed taking place throughout the day of inspection. The inspector was informed that voting had taken place in the centre, the day before, for the upcoming local and European elections. Daily newspapers were available for residents to read. There was also a social care co-ordinator working in the centre, who accompanied residents to any appointments they may have and brought them out for coffee and shopping trips.

The inspector observed that dinnertime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining room was large and allowed all residents to dine at the same time. A daily written menu was available for residents and a large blackboard displayed the day's meal options outside the dining room. There was a choice of hot meals at lunchtime and a choice of a hot and cold meals for the evening. On the day of the inspection, residents were provided with a choice of dinner which consisted of chicken Kiev,

Fish of the day or roast chicken. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful.

Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Staff were also observed sitting and praying quietly with a resident receiving end of life care, in line with their religious beliefs.

The inspector spoke with many residents throughout the day of inspection all of whom were positive and complimentary about the staff, and had only positive feedback about their experiences of residing in the centre. One resident said that the centre was "very well run". Another resident told the inspector everything is "just wonderful here".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the findings of this inspection were that Catherine McAuley house was a well-managed centre, where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspector found that residents were receiving good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This inspection also followed up on the compliance plan from the last inspection in July 2023 and reviewed solicited and unsolicited information

The centre is owned and operated by the Congregation of Sisters of Mercy, South Central province, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and an assistant director of nursing. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior

management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. A training plan was developed for the coming months to ensure that staff were up-to-date with their training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care.

A review of the incident log, made available to the inspector, found that a safeguarding incident had not been reported to the office of the chief inspector, as set out in Schedule 4 of the regulations. This was submitted retrospectively following the inspection.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff relating to the assessed needs of the residents and the size and layout of the designated centre. There was at least one registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training provided to staff was up to date and there was a training plan in place for further refresher training to ensure that staff maintained sufficient knowledge for their roles.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had failed to notify the Chief Inspector of Social Services of a safe-guarding incident. The notification was submitted retrospectively, on request, following the inspection.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported, or observed. All of the staff team had completed safeguarding training.

A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Residents receiving end of life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as

required and many staff had taken part in training to enhance the end of life care that they delivered. Resident's family and friends were facilitated to remain with residents at all times, in accordance with the resident's wishes.

The centre was clean and well-maintained and the premises was suitable for the needs of the residents living there. There was a wide range of communal spaces available for resident's use. The inspector found that residents were offered and had access to adequate quantities of food and drink that was properly prepared, cooked and served.

Pharmacy services were provided by an external contractor and there was an established digital system of medication administration in use in the centre. Nurses were observed to follow the prescriptions when administering medication ensuring safe administration for residents. Medications were stored securely within the designated centre. Regular medication audits were carried out and there were appropriate medication policies in place in the designated centre.

Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. Their care plans reflected residents' personal needs with communication difficulties and were appropriately reviewed and updated. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

Regulation 13: End of life

Care plans for resident's receiving end of life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. Family and friends who wished to stay with the resident, with their consent, were facilitated to do so. The centre had access to relevant medical services to provide comfort and support to the resident.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to a fresh and safe water supply. Appropriate choice was offered at meal times and there were ample quantities of food and drink available. All dietary requirements were met. Meal times were supervised by staff to ensure that they were an enjoyable experience for residents, with assistance available to those residents who required it. Residents were facilitated to eat their meals wherever they chose too. Snacks and refreshments were available throughout the day.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Medications were stored securely in the centre and a locked fridge was available for medications that required refrigeration. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse, including staff training. All recent incidents or allegations of abuse were appropriately investigated and followed up in line with the provider's safe-guarding policy.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Catherine McAuley House OSV-0000125

Inspection ID: MON-0043807

Date of inspection: 30/05/2024

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All future safeguarding incidents will be notified to the Office of the Chief Inspector of Social Services within the statutory notification period of three working days. This will take place with immediate effect.</p> <p>Training will be undertaken to increase management awareness and recognition of the need to notify safeguarding incidents or situations where abuse of any type could be suspected. This will include:</p> <ul style="list-style-type: none"> • HIQA webinar on Safeguarding Regulatory Practice – to be attended by Provider Nominee & Person in Charge • HSE National Safeguarding Office sessions on adult safeguarding policy and procedures – to be attended by Person in Charge, ADON & CNM • Internal management meeting to review safeguarding policy and procedures and highlight learning from past experience and recent training <p>Training to be completed by August 2024.</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 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	01/08/2024