



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

Issued by the Chief Inspector

Name of designated centre:	Caherass Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Caherass, Croom, Limerick
Type of inspection:	Unannounced
Date of inspection:	25 July 2024
Centre ID:	OSV-0000411
Fieldwork ID:	MON-0043443

About the designated centre

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

Caherass Nursing Home is a purpose-built facility situated on a landscaped two-acre site in a rural setting, just outside the villages of Croom and Adare, 15 minutes from Limerick City. It is registered to accommodate a maximum of 50 residents. It is a two storey building and the bedroom accommodation comprises 48 single rooms all with en suite facilities of toilet and hand basin, and 1 twin room with shared en suite facilities. Additional bath and toilet facilities are available throughout the centre. Communal spaces comprise dining areas, day room/lounge, quiet room, balcony, smoking room and hairdressers. Caherass Nursing Home provides 24 hour nursing care for male and female dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care whose dependency range from low to maximum care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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 25 July 2024	09:30hrs to 18:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents and visitors, it was evident that residents were supported to enjoy a good quality of life and that they received a high standard of person-centred care from staff. There was a welcoming and homely atmosphere in the centre. Residents spoke positively about their day-to-day life in the centre, including their bedroom accommodation, the provision of meaningful and engaging activities and the quality of the food.

Caherass Nursing Home is a two-storey building which can accommodate up to 50 residents in 48 single bedrooms and 1 twin bedroom. On the day of the inspection, 47 residents were living in the centre. All bedrooms had ensuite toilet facilities. Communal shower rooms, toilets and a bathroom were located throughout the building. Communal rooms were available on both floors, including dining rooms and day rooms. An outdoor balcony area was located on the first floor while a large secure garden was accessible from the ground floor. Both of these areas had appropriate seating and shaded areas.

On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector and person in charge completed a walk around the centre. Many residents were observed in communal rooms, engaging in activities or chatting with one another. Staff were busy attending to residents' requests for assistance; during these interactions staff were seen to be friendly and respectful.

The inspector spoke with a number of residents and visitors throughout the day of the inspection. They expressed a high level of satisfaction about the care they received, telling the inspector "it couldn't be better", "I don't want to go home" and "I feel lucky to be living here". They spoke positively about staff, with one resident saying that "they are very good to me". Residents confirmed that staff knew their personal preferences and routines, saying that they were supported to get up at the time of each resident's choosing. They said that staff responded promptly to any requests for support. The inspector observed staff responding quickly to call bells throughout the day of the inspection.

The centre was warm and clean on the day of the inspection. Staff were on duty on a daily basis to carry out housekeeping duties and deep cleaning of areas took place frequently. Equipment used by residents was observed to be visibly clean and there was a process in place for ensuring this equipment was cleaned after each use.

On the previous inspection, a number of issues had been identified in relation to the maintenance of the premises. While the provider had an ongoing programme of maintenance in place which addressed a number of these issues, the inspector observed that some actions remained outstanding.

Residents' bedroom accommodation was nicely decorated and well laid out.

Residents confirmed that bedrooms met their individual needs and that they had sufficient storage for their belongings. It was apparent that residents had been encouraged to personalise their bedrooms with their own possessions. For example, many bedrooms contained furniture, ornaments and other items that they had brought from home.

A programme of activities was available to residents, which was provided by an activity co-ordinator with the support of health care staff. Notice boards showing the activity schedule for each day were displayed on both floors and included bingo, live music, aromatherapy, nail care and movies. Activities being held in communal areas on the day of the inspection included arts and crafts, exercise classes and mass. The activity co-ordinator also carried out activities with residents on a one-to-one basis on the afternoon of the inspection. Residents were observed enjoying these activities throughout the day of the inspection. Staff encouraged residents to engage with the activities in line with their own capacities and capabilities. Residents spoke positively about the activities programme, commending games of bingo, equine therapy and live country and western music as particularly enjoyable.

Visitors attending the centre throughout the inspection were welcomed by staff. Residents and visitors confirmed that flexible visiting arrangements were in place and that they were satisfied with such arrangements. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom. A number of visitors who spoke with the inspector expressed that their loved ones were well cared for in the nursing home.

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.

Capacity and capability

Overall, the findings of this inspection were that Caherass Nursing Home was a well-managed centre where the residents were supported to have a good quality of life. While regulatory compliance was identified across a number of the regulations reviewed, the provider did not fully meet the requirements of Regulation 17, Premises. Non-compliance in relation to the inappropriate storage of items in communal shower rooms and bathrooms and the storage of activity supplies in staff changing facilities had been identified on the September 2023 inspection. These issues had not been addressed at the time of this inspection.

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on solicited and unsolicited information received by the Chief Inspector since the last inspection.

Mowlam Healthcare Services Unlimited Company is the registered provider of Caherass Nursing Home. There was a clearly defined management structure in place. The director of care services and a healthcare manager participated in the management of the centre at a senior level. Members of the management team were aware of their roles and responsibilities in relation to the operation of the centre.

The person in charge worked full-time in the centre. They were supported in their role by a clinical nurse manager (CNM), as well as a team of nurses, healthcare assistants, catering, housekeeping, activities staff and maintenance staff.

There were sufficient resources to ensure the effective delivery of care. A review of staffing rosters found that staffing levels were adequate to meet the needs of the 47 residents accommodated in the centre at the time of the inspection, with consideration of the size and layout of the building. Regular meetings were held between the management team and staff, where key clinical and operational aspects of the service were reviewed. Where issues were identified, action plans were developed which were assigned a person responsible and a targeted date for completion.

A programme of audits was in place to support the monitoring of the quality and safety of the service. These audits were used to identify risk within the service, as well as areas of quality improvement. For example, weekly audits on falls management were being completed to identify means of mitigating this risk to residents. Other audits recently completed related to health and safety, hand hygiene, infection control, medication management and call-bell response times. Quality improvement plans had been developed in response to areas of non-compliance that had been identified.

The annual review of the quality and safety of the service for 2023 had been completed, which had been informed by feedback from residents and their representatives. It contained an overview of key areas of the service as well as a quality improvement plan for 2024.

Staff were facilitated to attend training that was appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults and infection prevention and control training. Other training was made available to staff, including cardiopulmonary resuscitation and dementia care. Staff who spoke with the inspector demonstrated good knowledge of how they implemented the training that they received.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A record of complaints was maintained by the person in charge, which demonstrated that complaints were managed promptly and effectively. An audit of all complaints received was completed on a quarterly basis, which was reviewed by senior management.

The inspector reviewed a sample of contracts for the provision of care and found that they met the requirements of the regulations. Contracts viewed were signed by the resident or their representative and they included the terms of admission and

fees to be charged for services provided.

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was sufficient to meet the assessed needs of residents. A nurse was on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. There were arrangements in place to ensure that staff were adequately supervised.

Judgment: Compliant

Regulation 22: Insurance

A current insurance policy was in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The person in charge had completed an annual review of the quality and safety of care in 2023 which included a quality improvement plan for 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable events to be submitted to the Chief Inspector had been completed within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints which were in line with regulatory requirements. Records of complaints included details of the issues raised in the complaint, the investigation and outcome, any follow up actions and the complainant's satisfaction with how the complaint was managed.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents living in the centre received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. However, Regulation 17, Premises was not found to be in line with the requirements of the regulations.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The provider had addressed some maintenance issues that had been identified on the previous inspection, such

as the installation of grab rails in a communal bathroom. They were also progressing with a programme of maintenance that included painting works and the replacement of floors. However, the inspector identified that items such as linen skips and other equipment continued to be stored inappropriately in communal shower rooms and a communal bathroom. This impacted on residents' access to some of these facilities. Activity supplies were also being stored in a staff changing facility. Following the previous inspection, the provider had committed to addressing the non-compliances by 31 December 2023. The person in charge had escalated these issues to senior management and a plan was in development to address the storage issues, but it was not clear when any works would commence.

The inspector reviewed a sample of residents' care records, which were recorded on an electronic documentation system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents such as poor mobility, impaired skin integrity and risk of malnutrition. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Care plans were observed to be person-centred and sufficiently detailed to guide the delivery of care.

Residents had timely access to the General Practitioner (GP) of their choice. There were systems in place to ensure that residents were referred to allied health and social care professionals as required, such as occupational therapy, physiotherapy and dietetic services.

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. Any implementation of restraint was informed by appropriate assessments and was subject to regular review.

There were systems in place to support residents that exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care plans were developed for these residents, which outlined appropriate, person-centred de-escalation strategies to guide staff.

All staff had completed up-to-date training in relation to the detection and prevention of abuse. Staff who spoke with the inspector were knowledgeable regarding their responsibilities in reporting any safeguarding concerns. There were clear processes in place for the safe storage and management of residents' personal monies. The registered provider acted as pension agent for a small number of residents. For these residents, arrangements were in place to support them to access, and manage their finances, in line with the guidelines published by the

Department of Social Protection.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were not restrictive and were in line with residents' preferences.

Judgment: Compliant

Regulation 17: Premises

There was inadequate storage available in the centre. For example:

- Linen skips and other equipment were being stored in communal shower rooms and a communal bathroom. This posed a risk of cross-contamination to residents
- Activities supplies for residents were being stored in a staff changing facility.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including the provision of fire fighting equipment and suitable building services.

There were arrangements in place to ensure that staff received suitable training in fire prevention and participated in regular fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had adequate knowledge and skills to respond to and support residents presenting with responsive behaviours.

Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices and that it was implemented in line with national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

The provider had a plan in place to ensure that residents' pensions and social welfare payments were managed appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

Residents had opportunities to participate in meaningful activities, in line with their

interests and capacities. Residents were supported to access advocacy services if they so wished.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherass Nursing Home OSV-0000411

Inspection ID: MON-0043443

Date of inspection: 25/07/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none">• The Person in Charge (PIC) will relocate linen skips and equipment to a safe, suitable and appropriate location to reduce the risk of cross contamination.• The Activities Coordinator has removed activities equipment from the staff changing facilities and relocated the equipment to an appropriate storage space in the centre.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2024