



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:	29 August 2022
Centre ID:	OSV-0000411
Fieldwork ID:	MON-0037736

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:	46
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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
Monday 29 August 2022	10:00hrs to 18:30hrs	Oliver O'Halloran	Lead
Monday 29 August 2022	10:00hrs to 18:30hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

The overall feedback from residents living in Caherass Nursing home was that it was a safe and comfortable place to live, and that staff were responsive to their needs. There was evidence that residents received a high standard of direct care and support, from a team of skilled staff who were familiar with resident's needs. The only source of dissatisfaction that residents expressed was that they would like to have more time outdoors.

Inspectors were met by the clinical nurse manager on arrival at the centre. Following an introductory meeting, inspectors walked through the centre, accompanied by the clinical nurse manager and the person in charge. Inspectors spoke with residents throughout the day who described their experience of living in the centre.

Staff were observed assisting residents with their morning personal care needs. Staff were observed knocking on resident bedroom doors before entering their rooms. Staff were observed to be respectful in their communication with residents. It was evident that staff knew the residents' individual needs by how they communicated with them. Staff were observed to use the time spent during care-giving interventions as an opportunity to engage socially with residents.

There was an enclosed garden with colourful furniture that the residents had decorated. This garden area was accessed through the ground floor lounge. However, the exit door to the garden was keycode protected. Residents told inspectors that they could not access the garden independently as they were not provided with the access codes to the garden. Staff confirmed that residents did not have access to the key code number and therefore could not access this garden independently. Inspectors also observed a large balcony leading off the first floor lounge area. However, this this area was also key code protected and was not available to residents, without assistance from staff.

Inspectors observed that the centre was laid out to meet the needs of the residents, over a ground and first floor, with lift access between floors. Resident accommodation was provided on both floors with 48 single rooms and one twin bedroom. Residents had access to a communal lounge and dining room on both floors. The centre was visibly clean and well maintained. The centre was adequately lit throughout, and decorated to a satisfactory standard. All residents bedrooms, and communal living areas had call bell access for resident use. There were appropriately placed handrails and grab rails on corridors and bathrooms to assist in ensuring resident safety. A number of fire doors in the centre required review to ensure that they would function effectively in containing fire and smoke in the event of an outbreak of fire. Inspectors observed that residents bedrooms had sufficient storage space and some resident bedrooms had items of personal significance to residents, such as photographs and ornaments which helped to create a homely environment. There appeared to be a lack of storage space for resident care

equipment in the centre. Inspectors observed resident care equipment that was stored in a communal bathroom.

Residents had access to daily newspapers, radio, television and telephone. An activities programme was taking place in the upstairs day room area in the morning time. Residents were seen mobilising freely and independently throughout the day, and were provided with assistance where this was necessary. Residents were observed to be well groomed and dressed in a style of their own preference.

Inspectors spoke with multiple residents throughout the day of inspection and overall, the feedback was positive. Residents were complimentary about the staff and care received in the centre. One resident told inspectors that 'staff are so kind, I feel safer here than I did at home', while another resident said ' staff are great here, they come quickly when I call'.

Inspectors observed that the residents dining experience was a social occasion. There were up to date written and picture menus on display in dining rooms to remind residents of the day's menu choices. Where residents required assistance, staff were observed to provide support with same in a respectful manner. Staff were observed to know residents individual preferences and ensured these were provided at mealtimes. Residents were complimentary about the food and the choice of meals on offer.

There was a large notice board in the centre's reception area, which displayed information for residents, describing the schedule of activities on offer in the centre. Inspectors observed that the activities co-ordinator facilitated group and one to one activities for residents. Residents had access to newspapers, telephone and the Internet.

Residents confirmed that they could raise any concerns with a member of staff, and that their concern would be addressed. Friends and family were facilitated to visit residents and inspectors observed many visitors in the centre throughout the day of inspection.

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

Capacity and capability

This was an unannounced risk inspection carried out over one day by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, and to follow up on notifications and information submitted by the provider and person in charge.

Inspectors found that Caherass Nursing Home had an effective governance and management structure in place, which ensured effective oversight of the service. Inspectors found that while residents were receiving a high standard of evidence based care to meet their needs, some action was required to ensure compliance with Regulation 17, Premises, Regulation 9, Residents rights and Regulation 28, Fire Precautions.

The registered provider of the centre is Mowlam Healthcare Services Unlimited Company. 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 provider organisation's health care manager, and other centralised departments in the provider organisation, such as human resources and facilities department. In the centre, the person in charge worked full time in a supervisory capacity and was supported by a clinical nurse manager whose role was divided into 60% direct resident care provision and 40% to a supervisory function. The clinical nurse manager deputised in the absence of the person in charge. There was a registered nurse on duty on both floors in the centre twenty four hours a day, supported by a team of care and support staff.

The provider had management systems in place to monitor and evaluate the quality and safety of the service provided to residents. This included a schedule of clinical and environmental audits. A review of completed audits evidenced the effectiveness of the audits in identifying risks and deficits in the quality of service. While there was a high rate of residents falling in the centre, there was a falls audit system in place which guided falls risk reduction strategies and quality improvement initiatives. One example was a newly developed handover sheet for all direct care staff which identified a resident's falls risk. There was effective communications systems in place. Inspectors reviewed minutes of monthly quality and safety meetings, which were attended by representatives from each department in the centre. The minutes of these meetings evidenced that quality improvement plans were communicated to staff, and that quality improvement plans arising from audit were implemented.

An annual review was undertaken at the end of 2021, informed by resident's and relative feedback. This review identified areas for improvement for the year 2022, such as need for refurbishment of resident furniture items. There was evidence that the plan to purchase these items had been implemented in 2022.

A review of the rosters found that there was an appropriate number and skill mix of staff on duty to meet resident's assessed needs. Repeated from above. Staff were observed assisting residents in an unhurried, dignified manner. Residents said that staff responded in a timely manner when they looked for assistance.

A review of staff training records evidenced that staff were facilitated to access training appropriate to their role. Staff had access to additional training specific to caring for older adults in residential care such as dementia care, human rights and infection prevention and control. Staff were appropriately supervised in the centre, staff demonstrated a knowledge of resident's individual needs and their role in meeting these needs. Staff described being supported by the centres management

team.

There were effective record and file management systems in place. All records required by schedule 2, 3 and 4 of the regulations were well maintained and stored securely in the centre. A review of a sample of staff personnel files found that they contained all the required documentation, as set out in schedule 2 of the regulations.

The provider had an appropriate, accessible and effective complaints procedure and policy in place. A review of the complaints policy found that it contained all the requirements set out under Regulation 34. A review of the centre's complaints log evidenced that complaints were appropriately documented and managed in line with the centre's own policy.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of the staff in the centre, was appropriate with regard to the assessed needs of the residents and for the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by inspectors evidenced that all staff had up-to-date mandatory training. Staff demonstrated appropriate awareness from the training undertaken.

Arrangements were in place to ensure that staff were appropriately supervised in their roles, to ensure safe and quality care provision to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that:

- The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the 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, consistent and effectively monitored.
- An annual review was undertaken for the year 2021, which was informed by resident and family feedback on the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors found that incidents were notified to the Chief Inspector within the required time-frame specified by the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedures in the centre were in line with the requirements set out under Regulation 34.

Judgment: Compliant

Quality and safety

Inspectors found that the residents in the centre were supported to enjoy a good quality of life, and received a high standard of care. The provider had taken action to comply with Regulation 25, Temporary absence or discharge of residents. However, inspectors found that action was required to comply with Regulation 17, Premises, Regulation 28, Fire precautions and Regulation 9, Residents' rights.

Improvements to the premises were noted since the previous inspection, with the addition of three showers in the centre. The centre was warm and well-lit throughout. However, inspectors found that there was inadequate storage in some areas of the premises and that some equipment used by residents was not in a satisfactory state of repair. These findings are detailed under Regulation 17, Premises.

Residents' health and social care needs were assessed on admission to the centre. These assessments were supported through the use of validated assessment tools. A review of resident's care plans found they were developed and reviewed at intervals not exceeding four months in consultation with the resident and, where

appropriate, their relative. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents.

Residents' had timely access to their general practitioner (GP). A referral system was in place that ensured residents had timely access to allied health and social care professionals. A review of resident's care records evidenced that the centre incorporated allied health and social care professionals advice and treatment plans into resident's care plans.

Records were maintained with regard to the maintenance and servicing of the fire alarm and emergency lighting systems and fire fighting equipment. Systems were in place to ensure that means of escape were unobstructed. Staff demonstrated an appropriate awareness of the centre's fire safety and evacuation procedures. However, some fire doors had visible gaps between the under surface of the door and the floor, while another did not close when activated. Fire location maps did not correctly identify all rooms in the centre. These findings will be discussed further under Regulation 28, Fire precautions.

There was an activity schedule in place. The activities co-ordinator was observed engaging with residents and encouraging participation in the activities programme. Resident's meetings occurred on an ongoing basis in the centre, which provided residents with the opportunity to be consulted about and participate in the organisation of the centre. However, resident's could not exercise choice in accessing the centre's enclosed garden. This finding is detailed under Regulation 9, Residents' rights.

The centre was visibly clean. Staff had access to infection prevention and control training, which enhanced their ability to meet resident needs in this area. Staff demonstrated appropriate knowledge in relation to the need for frequent cleaning of resident care equipment, and the rationale for infection prevention and control procedures in the centre.

The management of restrictive practices was appropriate and there was good evidence to show that the centre was working towards a restraint- free environment, in line with local and national policy.

Regulation 11: Visits

The registered provider had made appropriate arrangements for residents to receive visitors, in an unrestricted manner, in line with the requirements of Regulation 11, Visits.

Judgment: Compliant

Regulation 17: Premises

Action was required by the registered provider to comply with the requirements of Schedule 6 of the regulations. This was evidenced by;

- Inadequate storage facilities as evidenced by the inappropriate storage of linen trolleys in communal shower rooms, and the storage of resident care equipment, such as a hoist, in residents' bedrooms.
- Floor coverings were not in a satisfactory state of repair. For example, the flooring in a sluice room was visibly damaged and therefore not amenable to effective cleaning.
- Some equipment for use by residents was not in good working order. For example, the bath in the centre was not available for resident use and required repair, to ensure the option to have a bath was available to residents.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of resident documentation evidenced that where a resident was temporarily absent from the centre for treatment in hospital, all relevant information about the resident was provided to the hospital.

Judgment: Compliant

Regulation 26: Risk management

There was a centre-specific risk management policy in place which included the requirements as set out in the regulations.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of health care 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 was required to ensure compliance with Regulation 28, Fire precautions.

A review of the fire safety systems in the centre found that arrangements in place for fully containing a fire in the event of an outbreak of fire in the centre were inadequate. For example:

- A fire door did not automatically close when activated to do so.
- There were fire doors with large gaps between the under surface of the fire door and the floor.

In addition, action was required to ensure that staff in the designated centre could correctly identify the building layout. Fire safety location maps had not been updated to reflect changes to the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of resident care documentation found that each resident had a comprehensive assessment in place that guided the development of a care plan. These assessments were undertaken using validated assessment tools to identify resident need. Care plans were effective in guiding staff to deliver person-centred care. Care plans were reviewed at intervals not exceeding four months in consultation with the resident and where appropriate their family.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their General Practitioner (GP) and were supported by a team of allied health professionals, such as physiotherapists, occupational therapists, tissue viability clinical nurse specialist and dietitians. A review of records found that treatment plans by GP's and allied health professionals were incorporated into resident care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The provider did not ensure that the residents could exercise choice. For example:

- Doors to the garden area and upstairs outdoor balcony area were key coded, staff and residents confirmed that no resident in the centre had access to these codes.
- Residents did not have a choice in relation to having a shower or a bath.

Judgment: Substantially 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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	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	Substantially compliant

Compliance Plan for Caherass Nursing Home OSV-0000411

Inspection ID: MON-0037736

Date of inspection: 29/08/2022

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 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 PIC, supported by the Facilities Manager will ensure that there will be no inappropriate storage of items in the nursing home. • Linen trolleys and clinical equipment have been removed from the shower room and residents' bedrooms/bathrooms. The Provider, supported by the Facilities Manager will arrange for alternate appropriate storage space to be provided for clinical equipment and housekeeping equipment, ensuring that all equipment can be stored safely and that it does not impact on residents' safety or living spaces. • The Facilities Manager has scheduled works to replace or repair all areas of damaged flooring. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The fire door that did not close automatically when activated to do so has been repaired. • The door under which there was a large gap to the floor has been repaired. • The Facilities Manager will provide updated fire safety location maps by 30/11/2022. 	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The Provider will schedule a programme of works to improve access to the outside garden area. The contractor that has been enlisted to carry out the required works has recently visited the nursing home to assess and plan the works required.
- Upon completion of the required works, safe access to the secure garden area will be available for residents and their families, but until that time access to this area remains restricted. The PIC has recorded a risk assessment in the centre's risk register.
- Every effort will be made to support residents' wishes to safely access this balcony area. Following a risk assessment of the balcony area, the PIC has determined that in the interest of resident safety, access to the balcony area will be restricted and has recorded this in the centre's risk register. Residents who wish to access the balcony area will be individually risk assessed to determine whether they can safely access the balcony area unaccompanied and they will have access to the door code. Any residents who have been risk assessed as requiring staff support to maintain their safety, will also be facilitated to access this balcony with staff support.
- The Facilities Manager will arrange for the provision of an appropriate bath to enable residents to choose whether to have a shower or a bath and will ensure that a service contract is in place to maintain the bath in effective working order.

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	31/01/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in	Substantially Compliant	Yellow	30/11/2022

	the designated centre.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	28/02/2023