Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	The members of the Congregational Leadership Team as charity trustees for and on behalf of the Congregation of the Sisters of Mercy
Address of centre:	Beaumont Woods, Beaumont, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	13 April 2026
Centre ID:	OSV-0000125
Fieldwork ID:	MON-0050167

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

How we inspect

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 13 April 2026	08:40hrs to 14:45hrs	Sarah Armstrong	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in Catherine McAuley House were well cared for and were supported by a dedicated staff team to enjoy a good quality of life. The feedback received from residents and visitors was that Catherine McAuley House was a nice place to live, where residents' rights and preferences were respected and promoted.

On arrival to the centre the inspector met with the person in charge. Following an introductory meeting with the person in charge and assistant director of nursing, the inspector completed a walk around the centre, accompanied by the person in charge. During the walk around, the inspector had the opportunity to meet with residents and staff as they were going about their day.

This was an unannounced inspection carried out by an inspector of social services over the course of one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on statutory notifications submitted by the provider since the last inspection.

Overall there was a homely and calm atmosphere in the centre on the day of inspection. The premises was clean and tidy and well lit. The inspector seen that new comfortable furniture had been purchased for residents and some flooring had been recently replaced to maintain the upkeep of the premises. Residents and visitors spoke highly of the premises, with one visitor telling the inspector that it is "always kept clean". Residents were encouraged to decorate their bedrooms with personal items including pictures and soft furnishings. Bedrooms were spacious, tidy and all contained en suite facilities. The inspector observed that there were photographs of residents displayed on notice boards of the centre to reflect residents who have celebrated a birthday party so far this year. This added to the inclusive and homely environment in the centre.

Residents were dressed in clean clothing, with their hair combed and nail care attended to. One resident showed the inspector her nails which had been recently painted. This resident told the inspector "I picked the colour and the girls did my nails for me. I have to say I love them".

On the day of inspection, residents were observed participating in meaningful activities which were suited to their interests and capacities. There was a religious ethos in Catherine McAuley House, with many residents being members of a religious order. Residents told the inspector that their faith was of great importance to them and they enjoyed attending daily Mass in the centre. In addition, there was a 'holy hour' each afternoon which provided residents an opportunity to engage in quiet reflection and prayer. Residents also told the inspector that they valued this time each day. One resident told the inspector "the daily Mass is important to me".

Another resident said "Mass is very important to me and it is part of why I like living here". When asked if they felt safe living in the centre, one resident told the inspector "I feel totally safe. There is nothing here to make me feel unsafe".

On the day of inspection, residents participated in an exercise class and arts and crafts. Other activities available to residents included fit for life, gardening, bowling and bingo. Residents were also supported to participate in events and special occasions, and information on activities and events was clearly displayed on notice boards throughout the centre. Notice boards also offered information to residents about other matters, including upcoming vaccinations available to them, pharmacy services, advocacy services and the centre's complaints process.

In the week prior to the inspection, four residents had celebrated their Platinum Jubilee which marked their 70 years' devotion to their religious order. Residents and staff told the inspector that this had been a great celebration, which included a special Mass in the morning where the four residents renewed their vows, followed by a party in the afternoon for all residents. One resident told the inspector "it was a lovely day and very special".

Residents also provided positive feedback on the staff who cared fo them. One resident said "the staff are a delight, really delightful." One visitor told the inspector that their relative was "treated like royalty". Adding "the staff really care. It's the little things, for example - they never pass a resident in the corridor without acknowledging them. They just make the residents feel special". This kind and person-centred approach from staff was also observed by the inspector throughout the day of inspection. Staff were seen to be making time for residents and engaging with them in a meaningful way, including when supervising communal spaces and throughout the dining experience. Visitor feedback also referenced the good communication from the staff team about the care residents received.

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

Overall, this inspection found that Catherine McAuley House was a well-managed centre where residents were receiving good standards of person-centred and safe care. The registered provider had ensured that there were effective management systems in place to oversee and maintain these standards. There were adequate resources available on the day of inspection to ensure that residents' needs were met in a timely manner. There was evidence of consistent governance and oversight in the centre, with clinical governance meetings being held on a regular basis. An audit schedule was also in place to ensure that key areas of care provision were

reviewed on a regular basis, including restrictive practice audits, call bell audits, end of life audits, dining experience audits and weight change audits. These audits clearly set out the audit findings and where required, quality improvement plans were put in place to ensure high standards of care were provided to residents on an ongoing basis.

The registered provider of Catherine McAuley House was the members of the Congregational Leadership Team as charity trustees for and on behalf of the Congregation of the Sisters of Mercy. There was a well-defined management structure in place, with clear lines of accountability and responsibility. The person in charge reported to a provider representative, and was supported in their role by a dedicated staff team consisting of an assistant director of nursing, a team of clinical nurse managers, staff nurses and health care assistants. Housekeeping staff, an activities co-ordinator, catering, maintenance and administration staff made up the remainder of the staffing compliment in the centre.

On the day of inspection, staffing levels were sufficient to ensure that residents' needs were met in a timely manner. Staff were seen to respond to residents requests for support without delay and there was a calm and unhurried atmosphere throughout the centre. Staff interactions with residents were warm and kind, with it being evident that staff had a good knowledge of residents, their personalities and interests. Likewise, residents knew the staff well and appeared comfortable and relaxed in their presence.

Staff in the centre said they felt supported in their roles. There was evidence of staff appraisals taking place annually which offered opportunities for continued development for staff. These annual appraisals also provided staff with an opportunity to reflect on the elements of their role they enjoyed most, as well as areas they felt presented challenges. The inspector found that there were clear objectives set by staff to help them progress in their roles.

The Directory of Residents was made available to the inspector and from a review of the directory, the inspector found that all items required by the regulations to be included were present.

The inspector reviewed the centre's policies and procedures which are required under Schedule 5 of the Regulations. All required policies were in place and had been updated within the required time frames. Staff spoken with were aware and had access to these policies and procedures.

Regulation 15: Staffing

There was a good number and skill mix of staff working in the centre, which took into account the needs of the residents and the layout of the centre. There was a registered nurse on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff have access to appropriate training and there were arrangements in place to ensure staff working in the centre were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had maintained a directory of residents. This directory was made available for review by the inspector. The Directory contained all information as required under paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was sufficient resources available to ensure the effective delivery of care to residents. There was a clearly defined management structure in place which set out clear lines of authority and accountability, and staff told the inspector that they felt supported in their roles.

Management systems were in place to ensure that the service provided to residents was safe. There was a clear audit schedule in place and from a review of completed audits, the registered provider was self-identifying areas for service improvement and had a clear action plan in place to address audit findings.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared, adopted and implemented the policies and procedures as required under Schedule 5 of the regulations. Policies and procedures were made available to staff and were reviewed in line with the required time frame.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in Catherine McAuley House were supported to enjoy a good quality of life. Residents' rights were being promoted by a team of dedicated staff who knew and understood the residents well. Feedback from residents and visitors about the service provided was all positive, and residents spoke of how their right to choice was respected whilst living in the centre.

Staff demonstrated a good knowledge of residents' assessed needs. Care plan documentation reviewed was found to be person-centred and suitably detailed to guide staff in providing good quality, safe care aligned to residents' needs and preferences. The inspector reviewed a variety of care plans including spirituality and end of life, communication and mood and behaviour care plans. These care plans were written in a person-centred manner and reflected the current assessed needs of the residents. The inspector reviewed the staff training matrix and found that whilst staff had access to training appropriate to their role, not all staff had up to date training in the management of behaviours that challenge (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This did not have an impact on the residents living in Catherine McAuley House at the time of inspection as there were no current residents who presented with behaviours that challenge. However, the person in charge had scheduled a training session to address this gap in the training matrix, with all staff to be trained in this area by mid July 2026.

Some residents in the centre had specific communication needs, for example, due to impaired hearing ability or vision impairment. Detailed communication care plans were in place for these residents, which clearly described the residents' communication needs and communication barriers, and provided detailed information for staff in how to effectively communicate with the resident. The inspector observed staff communicating with these residents in a manner aligned to their care plans.

Residents had access to food and drinks at all times, and staff were seen to be responsive to residents' requests for snacks and drinks in between meal times. Staff were also observed to be offering and encouraging residents with foods and fluids.

The daily menu was prominently displayed for residents, both on chalk boards outside dining rooms and also on each dining table. The menu outlined the different choices available at each meal. On the day of inspection, the lunch menu included summer vegetable soup and a choice of roast pork or chicken and stuffing with mixed vegetables, mashed and roast potatoes. For dessert, residents could choose between berry cheesecake or hot custard with ice-cream. The inspector observed the meal time experience for residents and found this to be a social occasion.

Residents were seen to be chatting amongst each other and with staff throughout the meal. Dining tables were neatly set with place mats, cups, butter and condiments and tables were decorated with flowers.

The inspectors observed the provision of meals to residents and found that the food was well-presented and looked nutritious and appealing to eat. Staff were responsive to residents' requests during the meal. For example, one resident was observed to tell a staff member that their portion was too large and requested a smaller portion. The staff member addressed this request politely and without delay for the resident. Residents who required modified texture foods and fluids were observed to be receiving meals aligned to their assessed needs and care plans. Some residents required full assistance from staff to take their meal. Inspectors observed that where this was required, staff were seated next to the resident and were assisting them in a respectful and dignified manner. Inspectors spoke to catering staff who confirmed that there was a robust system in place to ensure that residents' dietary needs were communicated to the kitchen each day, to ensure residents' received meals aligned to their current assessed needs. Overall, there was sufficient staff available to assist residents at meal times.

Regulation 10: Communication difficulties

Residents who had specialist communication requirements had person-centred care plans in place, which clearly outlined their specific communication needs. Communication care plans were sufficiently detailed to guide staff in communicating effectively with those residents.

Judgment: Compliant

Regulation 13: End of life

The inspector reviewed a sample of three end of life care plans for residents and found that residents' wishes for their end of life arrangements were discussed with them and documented in their file.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had good access to a safe supply of drinking water at all times and were offered a choice of food at mealtimes. Residents with special dietary requirements

were found to have their needs met in line with their care plans and there was an appropriate number of staff available to supervise residents at mealtimes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector reviewed the centre's restraint register. Where restraints were used, appropriate assessments had been carried out. There was documented evidence of less restrictive measures being trialled prior to making a decision on the type of restraint used. Decisions to use restraint were made in consultation with residents or their families where appropriate, and there was documented evidence of involvement from other professionals including general practitioners (GP) and physiotherapists where required.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant