



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:	Old Dominic Street, Limerick
Type of inspection:	Unannounced
Date of inspection:	31 July 2025
Centre ID:	OSV-0000413
Fieldwork ID:	MON-0047023

About the designated centre

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

Catherine McAuley House Nursing Home is approved to provide accommodation for up to 33 residents in 31 single bedrooms and a twin bedroom. The centre can accommodate residents of low to maximum dependency for long-term care as well as convalescence or respite care. The nursing home endeavours to provide quality person-centred care, and enable all residents to lead as full lives as possible in a caring and respectful environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33
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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
Thursday 31 July 2025	09:45hrs to 18:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that the residents were very happy living in Catherine McAuley House and that their choices and preferences were respected by staff.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector met with the person in charge. Following an introductory meeting, the inspector walked through the centre. Many residents were making their way to the centre's chapel, where Mass was held three mornings each week. These masses were also broadcast to the televisions in residents' bedrooms, for those that were unable to attend in person. Residents who spoke with the inspector highlighted their appreciation for having such a "beautiful" and "peaceful" chapel within the centre.

The centre is a two-storey building which accommodates 33 female residents in 31 single bedrooms and one twin bedroom. The premises was observed to be warm, comfortable and visibly clean on the day of the inspection. A variety of communal areas were available for residents' use, including a large seating area near reception, a day room, a dining room, a visitors' room and the chapel. A large external courtyard was accessible, which contained landscaped gardens and a variety of seating and shaded areas. Residents were observed spending time in many of these areas throughout the day of the inspection.

The provider was progressing with a planned programme of maintenance works in the centre. For example, on the day of the inspection, some skirting boards and other fixtures were being replaced. Additionally, a new passenger lift had recently been installed in the centre and numerous areas of the centre had been repainted. While residents were satisfied with the overall appearance and cleanliness of the centre, they acknowledged the ongoing upgrades that were being made.

During the inspection, the inspector met with the majority of residents and spoke with 15 residents in more detail about their lived experience in the centre. A resident told the inspector "I feel very lucky to be living here", while another said "you wouldn't get better care anywhere else". The majority spoke positively about their lives in the centre, confirming that their individual routines and preferences were respected by staff. For example, some residents that preferred to get up early in the morning said that staff were aware of this and attended their rooms to provide assistance at an appropriate time. Many residents confirmed that they attended the residents' meetings, whereby they were consulted with about the service and had an opportunity to provide feedback. They expressed confidence that if they wished to make a complaint, that it would be addressed promptly by staff and management.

The inspector observed kind and respectful interactions between residents and staff during the day of the inspection. Staff were knowledgeable of the residents'

individual routines, interests and preferences. The majority of residents praised the staff that supported them, with one resident saying "I'd be lost without them" and "even when they're busy, they're able to look after us". Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings during the inspection.

A varied programme of activities was available to residents, with mass, knitting and reminiscence therapy occurring on the day of the inspection. Residents were observed engaging in these activities, with support from the activity co-ordinator and other staff. Schedules displayed the activities that were planned for the coming days, with the activity co-ordinator describing how residents' preferences informed the schedule. Residents expressed satisfaction with the activity schedule and the opportunities for socialising that were provided, referring to a summer party and a visit from a miniature pony as recent highlights.

The dining experience for residents was observed to be a social occasion. The majority of residents attended the main dining room for their meals, while residents who required additional assistance or a quieter atmosphere were served meals in the adjacent day room. Both rooms were well laid out and had calm music playing in the background. The inspector observed that the food was well presented and served promptly to residents. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner. Some residents chose to eat in their bedrooms, which was facilitated by staff.

Residents' bedrooms were clean, tidy and well maintained. The inspector observed that many residents had personalised their bedrooms with ornaments, photographs, furniture and other items. Residents who spoke with the inspector confirmed that they were satisfied with the size and layout of their bedroom, and the storage available to them.

The inspector observed that visitors were warmly welcomed at the centre and there were no restrictions placed on visiting. Visitors expressed satisfaction with the quality of care provided to their loved one, and confirmed that their interactions with the management and staff were positive.

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

This was a one day unannounced inspection, carried out 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 followed up on solicited

information received by the Chief Inspector of Social Services since the last inspection.

The findings of this inspection were that Catherine McAuley House was a well-run centre. It had a robust management structure that was accountable and responsible for the provision of quality care to residents.

The members of the Congregational Leadership Team as charity trustees for and on behalf of the Congregation of the Sisters of Mercy was the registered provider of Catherine McAuley House. They became the registered provider of the nursing home in April 2025. A board of trustees oversaw the operation of the centre. A member of this board represented the provider entity. Another board member participated in the management of the centre and provided support to the person in charge. The centre's nursing management team was comprised of the person in charge and two clinical nurse managers (CNMs). They were supported by a team of nurses, health care assistants, housekeeping, maintenance, catering and activity staff. A CNM deputised in the absence of the person in charge.

There were systems in place to monitor and evaluate the overall quality and safety of the service. Clinical and operational audits were completed by the management team. These evaluated aspects of the service including medication management, care planning documentation and the physical environment. Audit findings were analysed and used to inform the development of quality improvement plans. The progress in relation to completing these actions was reviewed regularly. Monthly meetings took place with the board of management, whereby key information about the clinical and operational governance of the centre was discussed.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were appropriately notified to the Chief Inspector, as required by the regulations.

The person in charge worked full-time in the centre and was suitably qualified for the role. It was evident that residents and visitors were familiar with this person, and were aware that they could bring any concerns to their attention.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. Up-to-date rosters were available for review by the inspector, which reflected the configuration of staff on duty.

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. For example, training in fire safety, infection, prevention and control, dementia care and safeguarding of vulnerable adults.

A sample of residents' contracts of care were reviewed by the inspector. Each resident's contract document was signed and dated and outlined the terms and conditions of the accommodation including the fees to be paid by each resident.

Complaints and expressions of dissatisfaction with the service were documented and managed in line with the centre's complaints policy and procedures. There was a

low level of complaints in the centre. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements. The complaints procedure was displayed prominently.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They were a registered nurse and had the required experience in nursing management and nursing of older persons. They had a post registration qualification in management.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the number and skill-mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to ensure that staff were appropriately inducted and supervised, according to their individual roles.

All staff were up to date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse. A range of other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.

The registered provider had an established management structure in place, where the lines of authority and accountability were clearly defined.

There were sufficient resources available to ensure the delivery of care, in accordance with the centre's statement of purpose.

The provider had completed an annual review of the quality and safety of care provided to residents in 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed by the inspector. Each contract set out the fees to be charged to the resident and had been signed by the resident or their representative, as appropriate.

Judgment: Compliant

Regulation 30: Volunteers

A number of volunteers attended the centre. A review of the volunteers' files indicated that their respective roles and responsibilities were set out in writing, and they had An Garda Síochána (police) vetting disclosures in place. There was evidence that they received supervision and support, in line with their voluntary roles.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the records found that complaints were managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents experienced a good quality of life in the centre, and that their individual health and social care needs were being met by the registered provider.

An electronic nursing documentation system was in place. Residents' care and support needs were assessed using validated assessment tools, that informed the development of care plans. Care plans viewed by the inspector were person-centred and reflected residents' assessed needs.

Residents' healthcare needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social care professionals, such as tissue viability nurse specialists, and speech and language therapy, as needed. There was evidence that recommendations were reflected in care plans and implemented by staff.

Residents' civil, political and religious rights were promoted and respected by staff. It was evident that residents were supported to exercise choice in relation to how they spent their day. A programme of activities was delivered by dedicated activities staff, with the support of healthcare staff and volunteers. Residents were extremely satisfied with the range of activities that were available to them.

Residents were consulted with in relation to the operation of the centre. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service.

Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or communal areas.

The fire alarm system, emergency lighting system and fire fighting equipment in the centre were serviced in line with requirements. The registered provider maintained records of daily, weekly and monthly fire safety checks, including reviews of escape routes and tests of the alarm system. Residents' personal emergency evacuation plans (PEEPs) reflected the different evacuation methods required in relation to each resident, in the event of an evacuation. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified.

Regulation 11: Visits
There were flexible arrangements in place to support residents to receive visitors. Residents could meet with visitors in their bedroom, a dedicated visitors' room, or in communal areas.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had systems in place to ensure that staff were facilitated to complete fire safety training on an annual basis. There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. The assessments were used to inform the development of care plans, which reflected the residents' respective needs. Care plans were reviewed every four months, or more frequently if required.
Judgment: Compliant
Regulation 6: Health care
Residents had access to a general practitioner (GP) of their choice. A referral system was in place for residents to access health and social care professionals such as physiotherapists and dietitians.
Judgment: Compliant
Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services, if needed.

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

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 14: Persons in charge	Compliant
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 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant