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:	Old Dominic Street, Limerick
Type of inspection:	Unannounced
Date of inspection:	02 July 2026
Centre ID:	OSV-0000413
Fieldwork ID:	MON-0047042

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:	31

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 2 July 2026	10:15hrs to 19:15hrs	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 residents living in Catherine McAuley House were happy with the care that they received and felt that their needs were met to a good standard. The residents who spoke with the inspector were complimentary about the staff team and the quality of the food served to them.

Catherine McAuley House is a two-storey nursing home that can accommodate up to 33 female residents in 31 single bedrooms and one twin bedroom. On the day of the inspection, 31 residents were living in the centre. Bedroom accommodation and communal areas are located across both floors, with a lift facilitating movement between floors. The communal rooms available to residents included a large chapel, a day room, a visitors' room and a dining room. An open seating area was located near the entrance to the nursing home, and a large courtyard was directly accessible from this area. The courtyard was well-maintained, with landscaped gardens and suitable seating. Many residents were observed passing time in these areas, as well as meeting with visitors that attended the centre.

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspector was greeted by the person in charge. Following a brief introductory meeting, the inspector walked through the centre and observed staff during their morning routines. Staff were observed interacting with residents in a warm and friendly manner as they provided care and assistance. Some residents were seated in the large day room, while others were meeting with visitors or making their way to the chapel for the morning mass.

Residents praised the staff that cared for them, telling the inspector "they are so kind" and "they mind me so well". From the inspector's observations, it was evident that staff knew the residents and their personal preferences well.

The residents' dining experiences were observed to be relaxed, yet social, occasions. The dining areas were well-laid out and tables were dressed with brightly-coloured tablecloths. Menus and a variety of condiments were available on each table, promoting residents' independence. A number of meal choices were available to residents, and food was well-presented and served promptly to residents, in line with their preferences and assessed needs. Music played in the background and residents were observed chatting as they ate their meals. Residents who required supervision or assistance during their meals were supported in a respectful and unhurried manner. Residents spoke positively about the food, saying "the food is so beautiful here", "it's so fresh and such great quality" and "it's simply fantastic".

There was a relaxed atmosphere throughout the day of the inspection. Residents were observed engaging in a variety of activities throughout the day, including mass in the centre's chapel, an exercise class and reminiscence therapy. Residents were

supported by an activity co-ordinator and other staff during the activities, as needed. Residents were very complimentary of the activities programme, telling the inspector that they had "plenty to do" each day. It was evident that residents' individual interests and hobbies were encouraged, for example, one resident was facilitating a poetry hour with other residents each week, and another was knitting blankets for a charity.

Visitors were observed coming and going to the centre on the day of inspection and were welcomed by staff. The inspector spoke with a number of visitors, who were very satisfied with the care provided to their relatives.

A number of residents who spoke with the inspector expressed confidence that if they wished to make a complaint, it would be addressed promptly by the management team.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements that were in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to residents.

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 also followed up on solicited information received by the Chief Inspector of Social Services since the last inspection.

The registered provider of Catherine McAuley House is 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 clearly defined organisational structure in place, with identified lines of authority and accountability. A member of the board of trustees represented the registered provider and attended the centre on a regular basis. The person in charge was well-established in their role and worked full-time in the centre. Two clinical nurse managers (CNMs) supported the person in charge to monitor the quality of the service. The remaining staff team comprised nurses, health care assistants, catering, housekeeping, activity, administrative and maintenance staff.

While this inspection found that the provider was compliant with the majority of the regulations reviewed, Regulation 5, Individual assessment and care planning, and Regulation 8, Protection were not fully aligned to the regulations.

There were systems in place to monitor the quality and safety of the service. A planned programme of clinical and operational audits was completed by the

management team, in order to evaluate the service, including wound care, antimicrobial stewardship, safeguarding procedures and laundry management. There was evidence that the results of these audits were analysed and informed the development of quality improvement plans.

There were monthly meetings between the management team to review the service and to identify and monitor aspects of the service that required improvement. Meetings with the staff team took place on a regular basis to communicate key information. Additionally, the person in charge met with the board of trustees on a monthly basis to discuss a standing agenda of items relating to the quality of the service. Records of these various meetings were maintained by the management team and were available for review.

On the day of the inspection, the staffing levels and skill-mix were observed to be appropriate to meet the assessed health and social care needs of the residents accommodated in the centre. Rosters were available for review and reflected the configuration of staff on duty on the day of the inspection. Staffing levels were reviewed regularly to ensure they were appropriate.

All staff were facilitated to attend training appropriate to their role, such as fire safety, moving and handling procedures and safeguarding of vulnerable people. Additional training was also provided in areas, as needed.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A record of complaints was maintained, which demonstrated that complaints were managed promptly and were comprehensively resolved.

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

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 23: Governance and management

There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaints management policy met the requirements of the regulations. Records of complaints were well-maintained and clearly demonstrated that complaints were investigated and closed in a timely manner, with action plans in place where necessary.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 of the regulations were available for inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre were supported to live a good quality of life by a team of staff committed to meeting their needs. Residents had good access to health and social care services, and regular opportunities for social engagement. Notwithstanding these positive findings, Regulation 5, Individual assessment and care planning, and Regulation 8, Protection and did not fully meet regulatory requirements.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of care plans. All residents had an assessment of need and care plan in place. A sample of residents' assessments and care plans was reviewed. This review found that the assessments were not always comprehensive and did not always reflect the care needs of residents. In addition, care plans were not always reviewed and updated with information that reflected residents' actual care needs. For example; relating to personal hygiene needs or pain management needs of a resident.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these services as needed, such as physiotherapy and palliative care.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the use of restrictive practices in the centre, in line with local and national policy.

Staff had completed up-to-date training in the prevention, detection and response to abuse. There was a policy and procedures in place to safeguard residents, which provided guidance and support to staff on the appropriate actions and measures to take to protect residents, should a safeguarding concern arise. However, the inspector found that the safeguarding policy was not fully implemented in practice. In relation to a resident injury, documentary evidence of a preliminary screening investigation to rule out potential safeguarding concerns was not available for review.

There was an activity schedule in place, which ensured that residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities. There were dedicated activity staff allocated to the provision of activities, who ensured that residents could participate in group sessions as well as one-to-one activities, in line with their individual needs and preferences. On the day of the inspection, many residents were observed to be encouraged and supported to participate in the activities that were taking place.

Residents’ rights were protected and promoted, and their individual choices and preferences were respected by staff. Residents were supported to express their feedback on the quality of the service, which was responded to by the management team. Residents had access to independent advocacy services, if needed.

Residents' nutritional care needs were monitored. Residents' weights were monitored, and staff were familiar with the level of assistance each resident required during meal times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition. Residents and

their visitors had facilities available to make tea and coffee independently during their visit.

Residents were encouraged to give feedback about their care and services. The inspector found that the person in charge and the management team was available to residents and were seen chatting with residents and their visitors throughout the day of the inspection.

Regulation 10: Communication difficulties

There were systems in place to support residents with additional communication needs, as needed.

Judgment: Compliant

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 12: Personal possessions

There was sufficient space available in residents' bedrooms to ensure they could safely store their clothing, belongings and other personal possessions.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents, including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments of residents were not always completed when the needs of a resident changed, for example, the assessments of a resident with wounds did not always accurately reflect the resident's current condition. In addition, a resident experiencing frequent falls did not have an up-to-date assessment in place.

Some residents' care plans were not always reviewed or updated when a resident's condition changed. For example, a resident's pain management plan did not reflect their specified pain and had not been updated to accurately identify interventions in place to support their resident.

Judgment: Substantially 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 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had person-centred care plans in place, that detailed the supports and interventions to be implemented by staff.

The implementation of restrictive practices was informed by risk assessments and were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

The registered provider did not fully ensure that all appropriate and effective safeguarding measures were consistently implemented. While the provider stated that a safeguarding assessment in relation to a resident injury had been completed, this assessment was not available for review on the day of the inspection.

Judgment: Substantially 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 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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Catherine McAuley House OSV-0000413

Inspection ID: MON-0047042

Date of inspection: 02/07/2026

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Following the inspection findings, the Person in Charge and nursing management team have reviewed the processes for updating residents' clinical assessments and care plans following a change in condition or identified need. Nursing staff have been reminded that assessments and relevant clinical risk assessments must be reviewed and updated promptly following a change in a resident's condition and must accurately reflect the resident's current needs. Care plans must similarly be reviewed and updated following changes in need and clearly identify the interventions required to support the residents. Wound assessment documentation has been reviewed to ensure a more consistent and accurate approach to assessment and documentation. Compliance with assessment and care-planning requirements will be monitored through nursing management oversight and ongoing audit.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge will ensure that, in addition to any documented incident report where unexplained bruising is identified, the preliminary investigation and rationale for determining whether or not a safeguarding concern exists is documented clearly and this is then retained and readily available for review by inspectors.	

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 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/09/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	30/09/2026

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	14/09/2026