



# 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:	Congregation of Sisters of Mercy South Central Province
Address of centre:	Old Dominic Street, Limerick
Type of inspection:	Announced
Date of inspection:	21 September 2023
Centre ID:	OSV-0000413
Fieldwork ID:	MON-0041070

## 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. We cater for residents of all dependencies, low, medium high and maximum and provide 24-hour Nursing care. Convalescence, respite and long-term care is provided by the home and the provision of quality person centred care is very much a shared belief here in our centre. We commit to enabling all residents to lead as full lives as possible in a caring respectful environment. All members of staff undergo regular and ongoing in-house training to ensure they are provided with the necessary skills to properly fulfil their duties, responsibilities, and roles. Catherine McAuley House is committed to providing superior quality facilities and services within a loving and caring environment where residents are encouraged and supported to realise their full potential. In order to provide optimum care for our residents it is vital that residents have their opinions voiced and heard. After discussion with our residents the following are statements which we feel should be included in our philosophy of care. Our philosophy of care is based on the concept of holism and the rights of the person.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	33
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 21 September 2023	10:00hrs to 18:00hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

The feedback from residents was that the centre was a pleasant place to live and that they felt well cared for by staff. The inspector heard positive comments such as 'I have nothing but praise', and residents were seen to be provided with a good standard of care in a warm, friendly environment.

On arrival to the centre, the inspector was met by members of the management team. Following an introductory meeting with the person in charge, the inspector was shown around the centre by the clinical nurse manager. This gave the inspector the opportunity to observe the residents living environment and to meet with residents and staff. The centre was a purpose built, two storey facility located in Limerick City. Resident living and bedroom accommodation was spread over two floors, serviced by an accessible lift or stairs. The designated centre was registered to provide respite care and long term care for 33 residents. The centre was fully occupied on the day of inspection.

The building was found to be well laid out to meet the needs of residents. The centre was clean, warm and well ventilated throughout. Resident bedroom accommodation comprised of 31 single and one twin bedroom. The inspector noted that bedrooms were spacious and personalised with items of significance, such as photographs and ornaments. Each bedroom contained a sink unit and there was suitable storage including spacious wardrobes and lockable storage cupboards. Residents had access to call bells and televisions in all bedrooms. Several residents expressed satisfaction with their living accommodation, and one resident was very proud to show the inspector their bedroom.

There were a variety of communal spaces for residents use, such as a visitors room, an activity room and a chapel. The 'community room' was a hive of activity throughout the inspection. The inspector noted that many residents spent time there, partaking in the daily activity programme. Residents were also seen to spend time in the foyer, known as 'the quiet area'. This space was brightly painted and fresh flowers were displayed for resident enjoyment. The inspector noted that the foyer was well used throughout the day and many residents were seen sitting chatting here while others were knitting or reading. The area overlooked a large outdoor garden, which was well maintained. The garden contained furniture, colourful flowers and a bird feeder. There was a large water feature, which was the focal point of the garden. Residents had unrestricted access to their garden.

The dining room was clean and spacious and the inspector saw that menus were displayed in pictorial and written format. There was sufficient furnishings for resident comfort and tables were set neatly with table-cloths and a selection of condiments. There was a choice of menu available, and one resident with specialised dietary requirements, informed the inspector that their bread was always specially prepared.

Residents were seen to participate in activities throughout the day and there was live music session on the afternoon of the inspection. Residents were heard singing and appeared to be enjoying the entertainment. Overall, feedback from residents who spoke with the inspector, was positive about the provision of activities in the centre. There was a lively atmosphere and one resident told the inspector 'we love a celebration.'

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and independence. Inspectors observed that residents who required assistance with mobilising were well supported by staff.

The inspector spent time speaking with residents and staff throughout the inspection. Residents who were unable to speak with the inspector appeared to be content and comfortable in their surroundings. Residents who could express a view told the inspector that they were happy living in the centre and that they could speak freely if they had any concerns. There was a sociable atmosphere and several residents informed the inspector that they had established friendships since they came to live in the centre. Residents called the staff by name and were seen to be relaxed and comfortable in their company. The atmosphere in the centre was relaxed and call bells were responded to promptly.

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

## Capacity and capability

This was an announced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended.

The inspector found that while residents were receiving a high standard of evidence based care to meet their assessed health and social care needs, some action was required with regard to premises, to ensure full compliance with the regulations.

The registered provider of the centre is the Congregation of Sisters of Mercy, South Central Province. There was a clearly defined management structure in place, which included the centre's person in charge and two clinical nurse managers (CNMs), all of whom worked in the centre on a full-time basis. Additional clinical and operational management support was provided by a member of the advisory board, who attended the centre regularly. The person in charge was also supported by a team of nurses, health care assistants, activity and catering and accounts staff. A household manager had oversight of the catering, laundry and cleaning

departments. House-keeping and maintenance service was provided by external service providers.

The provider had effective systems in place to ensure that the service provided was safe and effectively monitored. Regular meetings took place with staff and management in relation to the operation of the service. Records of monthly meetings were maintained, and detailed the agenda items discussed such as resident needs, staffing and accounts. The person in charge presented a monthly management report, detailing clinical key performance indicators and information regarding clinical and operational aspects of the service. A programme of auditing was in place which monitored key areas of the service. The clinical management team completed audits of areas such as medications and hand hygiene, as well as a monthly quality audit. The quality audit report was seen to assess compliance, identify areas of improvement and set out actions to address these issues. Records also demonstrated that the provider had recently commissioned a health and safety audit, and a quality improvement plan was being progressed to address the findings of the audit.

The inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the needs of residents, in line with their assessed needs and dependencies.

There was a training programme in place for staff, which included mandatory training and other areas to support provision of quality care. Inspectors found that staff had completed training in the areas appropriate to their role. Staff who spoke with the inspector demonstrated knowledge of the residents needs. There were systems in place for the supervision and support of all staff.

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. The inspector reviewed a sample of staff personnel files and found that they contained all the required documentation, as set out in Schedule 2 of the regulations. Staff records reviewed on inspection confirmed that staff had an appropriate garda vetting disclosure in place before commencing employment.

The provider had established a directory of residents. A review of the directory of found that it contained all of the information, as required under Schedule 3 of the regulations.

A record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

An annual review of the quality and safety of the service had been developed for 2022. This included an overview of the service, a quality improvement plan and residents' feedback on the service they received.

## Regulation 15: Staffing

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

Judgment: Compliant

## Regulation 16: Training and staff development

Records reviewed confirmed that all staff had attended appropriate training which included training related to fire safety, safeguarding and manual handling. Staff also had access to additional training to inform their practice which included, infection prevention and control, falls prevention, dementia, and cardio pulmonary resuscitation (CPR) training.

Judgment: Compliant

## Regulation 19: Directory of residents

A review of the designated centre's directory of residents confirmed that it contained all the required information set out under Regulation 19.

Judgment: Compliant

## Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were accessible and stored in a secure manner. There was an up-to-date policy on the retention of records.

Judgment: Compliant

## Regulation 23: Governance and management



There was a clearly defined management structure in place, with identified lines of accountability and authority. Staff were clear about reporting structures and had the information they needed to carry out their work safely and effectively.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety.

The centre was adequately resourced by the registered provider.

An annual review of the quality of the service in 2022 had been completed.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated. Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

#### Quality and safety

Overall, the inspector found that residents in Catherine McAuley House were content living in the designated centre. Residents received a good quality service and they had opportunities to engage in a variety of meaningful social activities each day that enriched the quality of their lives and well-being. Notwithstanding the positive feedback received, this inspection found that some action was required in relation to the premises, to bring the centre into full compliance with the regulations.

A review of residents care records demonstrated that a pre-admission assessment was completed for each resident, to ensure each residents care needs could be met. A comprehensive assessment of resident's health and social care needs was carried out on their admission, using validated assessment tools. The findings of the assessment informed the development of person-centred care plans. Reviews of care plans were at intervals not exceeding four months, or more frequently if the residents condition changed. For example, records evidenced that a full review of a resident care plans was completed following discharge from hospital.

Residents' medical needs were met through a timely access to their general practitioner. There was a system of referral in place in the event that residents

required expertise from allied health services, such as speech and language therapy and dietitian. Where allied health professionals had made treatment recommendations, the resident's care records evidenced that the recommendations were incorporated into the resident's care plans. For example, a resident who experienced weight loss was assessed by a dietitian. The recommendations of the dietitian were incorporated into the resident's care plan. A physiotherapist attended the centre three times every month, and an occupational therapist visited monthly. Records evidence that residents with complex mobility issues were referred to specialist community services for additional support. There were no pressure wounds in the centre at the time of the inspection.

Overall, the premises was well maintained throughout and there was adequate storage space in the centre. However, further improvement was required in relation to the maintenance of floor and wall surfaces, to ensure that the premises was brought into compliance with Regulation 17: Premises.

The centre was visibly clean on the day of inspection. There was a policy and procedure in place to guide staff on infection prevention and control practices in the centre. Infection prevention and control measures were in place and reviewed by the management team. There were hand washing sinks installed in each wing of the centre. Utility and storage rooms were clean and well organised, allowing for the safe segregation of clinical and non-clinical items.

There was an activities schedule in place which was revised seasonally. The schedule was displayed on a resident information board and residents were supported to engage in meaningful social activities in the centre that met their interests and capacities. Activities included sonas therapy, exercise, massage, live music and art. Residents were also supported to attend one to one activities and small group outings, to areas of local interest such as King Johns' castle and to local coffee shops.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Catholic mass took place in the chapel three times per week. Prayer meetings were also facilitated. Residents' meetings were regularly convened and there was evidence that requests made by residents were progressed. For example, a resident expressed a preference for a specific food to be included on the menu, and this was actioned. Residents views on the quality of the service provided was also accessed through satisfaction surveys. Records evidenced that several resident satisfaction surveys had been completed and the feedback was positive. For example, one response stated that ' there's no one like the staff, who take great care of us.' Other responses recorded were ' if I have any complaint I would be comfortable to say it.' Residents were supported by a local advocate who attended centre regularly, and there was a system of referral to external advocacy services. Residents had access to local and national newspapers, televisions and radios.

Measures were in place to safeguard residents from abuse and residents confirmed they felt safe in the centre. Staff spoken to demonstrated an understanding of their responsibility to report concerns, to protect residents from the risk of abuse. The

provider did not act as a pension agent for any resident and resident monies were not held in the centre.

Visitors were being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

### Regulation 11: Visits

Visiting was facilitated in an unrestricted manner and the inspector observed many visitors being welcomed to the centre throughout the day of the inspection.

Judgment: Compliant

### Regulation 17: Premises

While the majority of the premises was in a good state of repair and met the needs of the residents, the following areas required improvement:

- Hand rails were not in place by the sinks and showers in several communal bathrooms. This posed a risk of fall to residents and did not promote their independence.
- Part of the floor surface in the visitors room was lifting and this posed a risk of falls.
- There was damage to wall surfaces adjacent to the gallery room and a sluice room.

Judgment: Substantially compliant

### Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26. The risk register identified risks and included the additional control measures in place to minimise these risks.

Judgment: Compliant

## Regulation 27: Infection control

The provider had arrangements in place to ensure infection prevention and control strategies were implemented to maintain an infection free environment. Training records reviewed indicated that staff had completed infection prevention and control training.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. Comprehensive assessments were completed and they informed the care plans. Care plans were reviewed in line with Regulation 5 and updated as required.

Judgment: Compliant

## Regulation 6: Health care

The inspector was assured that residents were provided with timely and appropriate access to a general practitioner (GP). A review of resident care notes confirmed that residents also had access to other health care supports such as dietitian and physiotherapy.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. Staff were up-to-date with their safeguarding training. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a programme of activities in place that reflected the interests and capacities of residents. Residents had access to radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis. Residents were supported by a local advocate.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Catherine McAuley House OSV-0000413

Inspection ID: MON-0041070

Date of inspection: 21/09/2023

## 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: Additional Grab rails have been ordered and are already being installed into the communal bathrooms and toilets as required.</p> <p>The company who installed the effected laminate floor in 2022 are due to attend the nursing home to repair it.</p> <p>Maintenance will repair the damaged wall surfaces in both the sluice room and at the entrance of the gallery.</p>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	01/12/2023