

# 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 May 2025
Centre ID:	OSV-0000125
Fieldwork ID:	MON-0047036

## 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
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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
Tuesday 13 May 2025	09:40hrs to 15:40hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

This inspection took place in Catherine McAuley House, Beaumont, Dublin 9. Overall, residents living in Catherine McAuley were supported to have a good quality of life, that respected and upheld their rights. All residents spoken with on the day of inspection were content and complimentary of the service provided. They described the centre as homely, and told the inspector that staff were very good and looked after them well. Residents appeared to be well-cared for and were neatly dressed according to their preferences.

The person in charge met with the inspector at the beginning of the inspection. Following a short introductory meeting the inspector went on a walk around the centre, accompanied by the person in charge. The centre is registered to accommodate 35 residents with 34 residents residing there on the day of inspection. The centre is spread over one floor. Residents' accommodation consists of all single en-suite bedrooms. Residents' bedrooms were spacious with adequate room for residents possessions. Residents were encouraged to personalise their rooms with their own items which many of them had.

There was a choice of communal spaces available to residents including a dining room, two day rooms, visitors sitting room, therapy room, chapel and a function/activities room. Residents were seen to use these spaces throughout the day of inspection. There were also two large well-maintained outdoor spaces, freely accessible to residents. The inspector observed that there was appropriate paved pathways, colourful flowers and plants and appropriate outdoor seating to make this a pleasant space for residents to enjoy. As it was quite sunny on the day of inspection many residents were seen to be sitting out enjoying the sunshine, after their lunch time meal.

Overall the centre was clean and well-maintained. There were suitable ancillary facilities and the inspector observed evidence that the relevant equipment, including bedpan washers, were serviced in line with the manufacturer's recommendations. There was a laundry available, should the residents' choose to have their clothes washed in the designated centre.

All food was cooked on-site in the large kitchen, adjoining the dining room and served fresh to the residents. Residents were provided with a choice at mealtimes and food was prepared and served to meet any dietary requirements that the residents may have. All residents who spoke with the inspector were very complimentary about the quality and choice of food provided.

The inspector observed the lunchtime experience to be a relaxed and social occasion for residents. Residents were seen to be chatting and laughing amongst themselves and with staff, and residents sat in small groups of two to four around tables. Staff were observed to provide discreet assistance to residents who required help at

mealtimes. Any residents who preferred to eat in their rooms or alternative communal spaces had their choice facilitated, by the staff working in the centre.

Mass was held every morning in the centre. Many of the residents were members of a religious order and this was an important aspect of their day to day social needs. Quiet reflection time, known as holy hour, was also available every evening in the chapel and many residents spoke positively about enjoying this dedicated time for quiet reflection and prayer. The inspector observed other activities including quizzes and word puzzles taking place during the day, facilitated by the activity staff on duty, and saw that residents were positively participating and enjoying the activities on offer.

One resident who spoke with the inspector described how they enjoyed when there were special occasions and celebrations in the centre, including a recent Easter egg hunt and the Christmas eve celebrations when they each received a gift. They detailed how the staff and management went out of their way to ensure that these were memorable occasions for all the residents.

During the inspection, many examples of person centred care were observed by the inspector. The inspector saw that staff interacted with residents in a patient and respectful manner. Those residents who could not communicate their needs appeared comfortable and content. Friends and families were facilitated to visit residents, and the inspectors observed visitors coming and going throughout the day.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, the findings of this inspection were that the governance and management of Catherine McAuley House was robust. It was a well-managed centre, which ensured that residents received good quality, safe care and services. The provider and team of staff were committed to a process of quality improvement with a focus on respect for resident's human rights. The effective governance and management of the centre was reflected in the overall good compliance of the centre through the regulations reviewed.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

An application to register under a new registered provider had recently been received and granted by the Chief Inspector of Social Services. The inspector found that there had been no negative impact, caused by this change, to the quality and

safety of care provided to residents in the centre. The change to provider did not result in a change to the internal management structures or personnel who had worked in the centre under the previous registered provider.

The registered provider is the members of the Congregational Leadership Team as charity trustees for and on behalf of the Congregation of the Sisters of Mercy. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and an assistant director of nursing. Other staff members included clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

The inspector reviewed minutes of meetings such as clinical governance meetings and staff meetings. It was evident that key issues such as the recent change in registered provider, recruitment, clinical care, a review of clinical incidents and risk were appropriately reviewed and time bound action plans put in place where required. The inspector saw that regular meetings were held in the centre to ensure effective communication across the service such as management team meetings, nursing team meetings, and care staff meetings.

There was evidence of consultation with residents on the running of the centre through surveys and residents meetings. There was evidence that residents had been communicated with and kept up to date on the recent change of registered provider.

The quality and safety of care was being monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. Key performance indicators were also used to support the monitoring of clinical care practices in areas such as falls, incidents, infection, wounds and restraint.

The inspector reviewed a sample of staff files and other records as set out under schedule 2,3 & 4 of the regulations. All records were maintained and stored in line with the regulatory requirements and relevant time frames.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with experience in the care of older persons in a residential setting. They held a post registration management qualification in healthcare services and worked full-time in the centre.

Judgment: Compliant

#### Regulation 21: Records

Records required under Schedules 2, 3 & 4 were maintained in line with the regulation, stored safely and were accessible on request.

Judgment: Compliant

### Regulation 23: Governance and management

The provider ensured that there were adequate resources available to ensure care and facilities were provided in line with the statement of purpose.

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

There were clear deputising arrangements in place for key management roles.

The quality assurance systems that were in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2024 was reviewed and it met the regulatory requirements. The review included feedback from residents and families.

There were effective arrangements in place to facilitate staff to raise concerns about the quality and safety of care and support provided to residents.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts and found that they set out the allocated bedroom number and occupancy. The contracts outlined the service to be provided and the fees to be charged, as well as referencing other services the residents may choose to avail of for an additional cost.

Judgment: Compliant

### Regulation 30: Volunteers



There was one volunteer working in the centre, at the time of inspection. The person in charge had ensured that their roles and responsibilities were set out in writing and ensured that they receive the appropriate supervision and support. There was a vetting disclosure in accordance with the National Vetting Bureau available to the inspector for review.

Judgment: Compliant

## Quality and safety

The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life, where their rights were respected and promoted. Dedicated staff working in the centre were committed to providing quality care to residents. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. Prospective residents were comprehensively assessed prior to admission to ensure that the centre had the capacity to provide them with care, in accordance with their needs. A review of residents' records found that there was regular communication with the residents' general practitioner, regarding their healthcare needs. Arrangements were in place for residents to access the expertise of allied health and social care professionals for individualised assessment and recommendations were implemented and reviewed frequently, to ensure care plans are effective.

A review of a sample of resident care files found that assessments and care plans were completed within 48 hours of admission and reviewed four monthly, as per regulatory requirements. Care plans reviewed by the inspector were person-centred and provided evidence-based guidance to support the current care needs of the residents.

The registered provider had ensured there was appropriate risk management measures in place in the centre and there was both a risk management policy and health and safety statement available to staff to guide them in the event of any such risks occurring. The risk register was regularly reviewed to add any new identified risks.

Based on the observations of the inspector there were good procedures in place in relation to infection prevention and control. There were appropriate hand-washing facilities located around the centre, which were easily accessible. The centre was clean and there were appropriate domestic staff employed in the centre. The management team were monitoring infections and the use of antibiotics as recommended.

This inspection found that the governance and management of fire safety in the centre was robust. The provider had addressed most findings relating to fire safety, as identified in a Fire Safety Risk Assessment, recently carried out by an external fire safety contractor. There was one low risk rated item outstanding that was in the process of being addressed by the registered provider. All higher rated risks including a recommendation around fire doors had been completed. Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment in place. The fire alarm and emergency lighting were serviced in accordance with the recommended frequency. All staff had completed relevant fire safety training and regular fire drills were carried out in the centre with key areas for improvements identified.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visiting was not restrictive and there were suitable communal facilities available in the centre, for residents to meet with their visitors.

Judgment: Compliant

### Regulation 26: Risk management

There was an appropriate policy around risk management, as set out in schedule 5 of the regulations, in use in the centre. A risk register which identified possible risks in the centre and the controls required to mitigate those risks was available for review on the day of inspection. The registered provider had also ensured that there were appropriate arrangements in place to identify, record and investigate any serious incidents or adverse events involving residents, with a process to implement actions and recommendations arising from any such investigations and a process for audit review and learning from such events.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had ensured that infection control procedures were consistent with the national standards for infection prevention and control in community services (2018). There was effective oversight of infection control in the centre to identify potential risks and opportunities for improvement.

Judgment: Compliant

### Regulation 28: Fire precautions

Personal emergency evacuation plans were in place for each resident and updated on a regular basis. All staff working in the centre received training in fire safety. Fire drills of compartments were taking place in the centre to ensure that staff were trained and competent in evacuating residents in a timely manner, in the event of an emergency. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up to date. The fire register for the centre included in-house maintenance checks, and these were completed by the maintenance team and staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools. Residents had evidence-based risk assessments to guide care and care plans were updated at a minimum of every four months, as per the requirements of the regulations. Care plans records seen by the inspectors confirmed that resident's views and that of their families, were incorporated into care interventions.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways and access to allied health and social care professionals.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities for residents' occupation and recreation, and opportunities to participate in activities, in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents had unrestricted access to TV, radio, Internet and newspapers.

Arrangements for accessing an advocacy service were displayed in the centre.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.

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 14: Persons in charge	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant