



# 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:	Beaumont Woods, Beaumont, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	25 July 2023
Centre ID:	OSV-0000125
Fieldwork ID:	MON-0040903

## 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:	30
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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
Tuesday 25 July 2023	09:40hrs to 16:40hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. The overall feedback from the residents was that the centre was a lovely place to live with plenty of activities and plenty of good quality food.

This was a one day inspection to monitor compliance with the "Care and welfare of residents in Designated Centres for older people, Regulations 2013". On the day of inspection the inspector was met by the person in charge, who guided them through the sign in procedure. After a brief introductory meeting the person in charge escorted the inspector on a tour of the premises.

The centre is based on the outskirts of Dublin city and is closely located to local amenities and serviced by Dublin bus routes. Beaumont Hospital is located in close proximity to the centre and provides acute health care to residents when required. The centre is laid out over one floor and all bedrooms are single rooms with en suite facilities. Bedrooms were observed to be bright, spacious and comfortable spaces. Many residents had personalised their rooms with photographs and personal possessions. Overall the centre was observed to be clean and well maintained.

The inspector observed that many residents were up and dressed and participating in activities, during the walk around the centre. Two residents were seen to have the national newspapers. The activities staff were seen to be reading the newspaper and discussing the day's headlines with a larger group of residents in the sitting room. Residents were enjoying hearing the news of the day and the discussions around it. Later in the day a larger group of residents were observed in the same room participating in word search activities. All residents were well groomed and well presented.

Later in the morning, the funeral service of a recently deceased resident was been streamed on a large screen in the function room. Many residents were observed to attend this and one resident who spoke with the inspector said how much they appreciated being able to watch this as it gave them a sense of attending and getting an opportunity to say goodbye.

The centre is made up of predominately female members of religious congregations and many residents reported how attending religious services on a daily basis was an integral part of their life. Mass and holy hour formed part of the daily activity structure in the centre, to meet the needs of the residents.

The centre had many areas for social recreation, quiet reflection and religious services. This included a relaxation room, visitors' room, two sitting rooms, a large function room, dining room and a Chapel. There was also a large area along the corridor that was used as a library space, with comfortable seating and bookshelves.

Outside the centre, there were two enclosed garden spaces that were well maintained, wheelchair accessible and had appropriate seating. Some residents were observed using this space in the afternoon. A resident enjoyed telling the inspector about the history of the surrounding buildings including the old convent and the old home place of Arthur Guinness and family, which were both visible from the garden.

The inspector observed that dinnertime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining room was large and allowed all residents to dine at the same time. A daily written menu was available for residents and a large blackboard displayed the day's meal options outside the dining room. There was a choice of hot meals at lunchtime and a choice of a hot and cold meals for the evening. The lunch was observed to be well presented, warm and with ample amounts on the plate. The meals were home cooked on site. There was an appropriate level of supervision and help for residents, who required it, in the dining room. Residents were also offered frequent drinks and snacks throughout the day.

The inspector spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences residing in the centre. One resident said "I've only the best to tell you." Another resident told the inspector they "wouldn't improve a thing", while another told the inspector they "love living here". All residents spoken with were positive about the food and nutrition experience in the centre and full of compliments and high praise for the staff. Residents said that staff were always helpful and "couldn't do enough for you". From the inspector's observations, staff appeared to be familiar with the residents' needs and preferences and were respectful and gentle in their interactions.

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

There was a clear governance and management structure in place in the centre and the registered provider had arrangements to ensure that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose.

The person in charge was supported in their role by an Assistant Director of Nursing and a Clinical Nurse Manager. The person in charge worked Monday to Friday and the assistant director of nursing and the clinical nurse manager work alternate weekends to ensure that there was always a member of the management team present each day. Other staff members included nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. The

Registered Provider is the Congregation of Sisters of Mercy, South Central Province, who are an unincorporated body. The Registered Provider was represented by the Provider Nominee who is also a member of the Advisory Committee.

Policies were in place, in accordance with regulation, and were seen to be reviewed and updated. There was a health and safety statement and a risk management policy in place. A hand-written comprehensive directory of residents was available to review.

A copy of the resident's information booklet was supplied to the inspector, for review. The guide included a summary of the services and facilities in the designated centre, the terms and conditions relating to residence and the arrangements for visits. It did not demonstrate updates to reflect recent changes in the regulations to include the external complaints procedure and information regarding independent advocacy services. The appendix did have contact details for both the Ombudsman and Advocacy services but there was no descriptive detail, to inform the resident, on the services they provide or how to access their services.

Records reviewed on the day, contained the prescribed information set out in the regulations and were stored on-site for the required seven years. There was a detailed policy in place for the storage and safe destruction of records.

There was appropriate insurance cover in place, for residents residing in the centre. A current up-to-date insurance certificate was available to view. However it was not clear how residents were informed of how they are insured against risks including loss or damage to their property.

The centre recently had three episodes of alleged theft of monies reported to them by three residents. Theft of money is defined as financial abuse in the Centre's safeguarding policies, in-line with National Safe-guarding standards. However the centre had failed to report these episodes, to the Office of the Chief Inspector of Social Services as three day notifications of any allegation, suspected or confirmed of abuse of any resident. They were submitted as three day notifications, in retrospect at the request of the inspector, in the day following the inspection.

The complaints policy had recently been updated to reflect the regulatory changes, that had come into effect earlier this year. There was a designated complaints officer and a designated review officer in the centre. The complaints procedure was clearly displayed in various areas of the designated centre. A sample of two verbal complaints logged in the complaints register, were examined by the inspector and had adhered to the requirements of Regulation 34.

## Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained all the required information as listed in Schedule 3.

Judgment: Compliant

### Regulation 21: Records

A review of a sample of personnel records indicated that the requirements of Schedule 2 and 4 of the regulations were met. All records were stored on site for the seven years in line with regulatory requirements.

Judgment: Compliant

### Regulation 22: Insurance

There was appropriate insurance cover provided, in line with regulation. However, there was no written evidence available, on the day of inspection, to show that residents were been advised of the additional insurance cover applicable to them.

Judgment: Substantially compliant

### Regulation 23: Governance and management

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.

The annual review for 2022 was reviewed and it met the regulatory requirements.

Judgment: Compliant

## Regulation 31: Notification of incidents

The registered provider had failed to correctly notify the Chief Inspector of Social Services of three incidents of suspected financial abuse. The notifications were submitted retrospectively, on request, following the inspection.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, were reviewed and updated in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Residents were supported and encouraged to have a good quality of life where their choices were respected. There was evidence that residents were in receipt of good quality health and social care services which resulted in positive outcomes. Regular

consultation between the provider and residents ensured that resident's voices were being heard in the centre.

The provider had made improvements to their care planning processes since the last inspection in June 2022. Care plans for residents had been altered to reflect the levels of intervention required by other members of the multidisciplinary team, such as the dietician and physiotherapist. Comprehensive assessments were carried out prior to admission to the centre. Care plans were reviewed on a quarterly basis and reflected input from the resident.

Residents who required transfer to hospital had all relevant documents, including a nursing transfer letter, a general practitioner (GP) letter and a list of current medication, sent with them. Any changes to care were reflected in the residents care plan, on return to the centre. Transfer documents were saved to the residents file. Two residents had recently been transferred to other centres as their current level of care needs could not be met safely within the centre. The transfers were carried out safely and in consultation with the residents and family members.

The provider maintained a restraint register. The inspector found that the provider was working towards a restraint free environment, there was a low use of chair and bed alarms. At the time of this inspection there was no bed rails in use in this centre. Staff had relevant training in Management of Behaviours that Challenges, (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that have a history of being effective for the resident.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported, or observed. The majority of the staff team had completed relevant training and were clear on what may be indicators of abuse and what to do if they were informed of, or suspected abuse had occurred. However the centre recently had three episodes of theft, that was not recognised as financial abuse and the registered provider had not followed their own policy. The incidents had been treated as complaints.

Residents had appropriate storage to safely store their clothing and personal possessions and had access to a locked drawer in their rooms. Clothes were laundered on site and a clear procedure was in place to ensure the safe return of laundered clothing to residents. Linen was laundered with an external contractor.

There was sufficient storage in this centre which allowed for clinical and operational items to be stored separately. There was regular monitoring of these areas through audits and daily observations. The laundry and sluice rooms were clean, and well-maintained and a review of cleaning records confirmed that all areas of the centre were regularly cleaned. The cleaning schedules had been reviewed since the previous inspection and included the sluice room. Oversight of the deep clean schedule had also been addressed. There were service records available to show that equipment was maintained and serviced. The centre's infection prevention and

control measures were subject to regular review and discussed regularly at management and staff meetings.

Pharmacy services were provided by an external contractor who supplied a digital system of medication administration and provided support and services around pharmaceutical training, policies and medication audits. Fridge storage for medication had a record of daily temperature recordings.

### Regulation 12: Personal possessions

Residents had adequate storage and space for personal possessions and were encouraged to retain control over their personal property, possessions and finances. Appropriate laundry facilities were offered on-site.

Judgment: Compliant

### Regulation 20: Information for residents

The information for residents' booklet had not been amended to include information on the role of the Ombudsman and advocacy services in the complaints procedure or detail on the external complaints procedure.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

On transfer all relevant information about residents was sent to the receiving hospital. On return from the hospital, medical and nursing discharge letters, together with other relevant documentation was received and stored in residents' individual files.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of health-care-associated infections published by HIQA were implemented by staff. Up-to-date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE).

Regular audits of infection prevention and control processes, and the environment were completed to ensure good levels of compliance.

The centre was clean and well-maintained. Effective cleaning processes were in place to support and maintain high levels of cleanliness.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs, of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff had appropriate skills and training to deal with responsive behaviours. Care plans adequately recorded resident's needs. Use of restraint was very low and used only in accordance with national policy.

Judgment: Compliant

### Regulation 8: Protection

The provider had failed to recognised recent incidents of theft as abuse and had not followed their own policy and procedures when dealing with these incidents.

Judgment: Substantially 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Catherine McAuley House OSV-0000125

Inspection ID: MON-0040903

Date of inspection: 25/07/2023

## 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 22: Insurance	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 22: Insurance:            We have checked the terms of our insurance policy with our insurers and an appropriate clause advising residents of the insurance cover available to them in the event of loss or damage to their property will be inserted into the contract of care. Information will also be included in the residents' guide.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:            All future incidents of financial abuse, suspected or confirmed, will be notified to the Officer of the Chief Inspector of Social Services within the statutory notification period of three working days.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p>	

The residents' guide will be updated to include information on the role of the Ombudsman and advocacy services in the complaints procedure and to provide details of the external complaints procedure.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
Staff have now been trained to recognise incidents of theft as financial abuse. This training has included the importance of promptly reporting any such incidents as allegations of financial abuse and of following Safeguarding policy and procedures when dealing with any future incidents.

## 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 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	21/08/2023
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	21/08/2023
Regulation 22(2)	The registered provider may insure against other risks, including loss or damage to a resident's property and where such insurance is effected the resident shall be advised accordingly.	Substantially Compliant	Yellow	21/08/2023
Regulation 31(1)	Where an incident set out in	Substantially Compliant	Yellow	26/07/2023

	paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	21/08/2023