<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Catherine McAuley House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000125</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 837 9186</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:poconnor@mcauleybeaumont.ie">poconnor@mcauleybeaumont.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Congregation of the Sisters of Mercy South Central Province</td>
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<tr>
<td>Lead inspector:</td>
<td>Sarah Carter</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>26 February 2019 10:00</td>
<td>26 February 2019 18:10</td>
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</tbody>
</table>

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
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</table>

Summary of findings from this inspection

Inspectors evaluated the quality of care and life for residents with dementia living in the centre including the specific dementia care unit to be of a high standard. The focus of the inspection was on the provision of dementia care. The methodology included gathering the views of residents, their relatives and staff and assessing how residents with dementia experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff files were reviewed.

In addition, a self-assessment form was completed by the provider in preparation for this inspection which identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above. The centre judged itself compliant in 5 of the 6
outcomes, with a substantial compliance in Outcome 5; staffing. The action plan listed that recruitment was ongoing, and interviews were taking place on the day of inspection.

The centre’s last inspection took place in August 2017 and the outcomes were fully compliant, as a result there was no actions that required follow up. Since the last inspection notifications were reviewed and all matters were satisfactorily actioned. No unsolicited information had been received by the Office of the Chief Inspector since the last inspection.

The health and social care needs of residents were met and there was evidence to judge that residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet resident’s needs. Medication management was satisfactory, with a a new online system of medication management being rolled out, and the nutritional needs of residents were met.

There were policies and procedures in place around safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the action to take if they witnessed, suspected or were informed of any abuse taking place. Policies and practices around managing responsive and psychological behaviors and using methods of restraint were satisfactory. The centre consists of one building, laid out on one level, and the inspector judged that the design and layout of the centre met residents’ individual and collective needs.

As the centre reached full compliance, no areas for improvement were identified to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
At the time of the inspection 34 residents lived in the centre. There was one vacancy. Six residents were assessed as having high to maximum needs (2 maximum and 4 high), with 8 residents had medium dependency and 20 residents classified were low dependency. In total, 26 residents were classified as having a formal diagnoses of dementia or were suspected of having a condition with features similar to dementia.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a good standard through the provision of evidence based nursing and medical care and good levels of staff communication.

A comprehensive and personalised assessment of residents’ health and social care needs was undertaken prior to admission.

The majority of care plans were personalised and included sufficient detailed information to allow staff to provide person centred care. Care plans were reviewed regularly and more frequently if the residents condition changed. The inspector was satisfied that all staff were very familiar with residents’ needs and specific care requirements and was able to observe a handover meeting between staff and also several staff and resident interactions. In a small number of care plans seen, there were incidents where relevant information was not included in the most relevant care plan or information was duplicated across care plans which may increase the risk of staff not recording information in the correct place.

Residents were assessed on admission and regularly afterwards for various risks such as falls, malnutrition, impaired skin integrity and oral decay. Preventative interventions were put in place where required and specialist referrals made. Where residents had been seen by a specialist, their recommendations were included in the care plans.

The inspector found that the health needs of residents were met. There was evidence that residents were seen regularly by their General Practitioner (GP). Residents were facilitated to attend specialist medical appointments and could avail of the national
screening programmes relevant to them. Several allied health professional services were available in the centre such as occupational and physiotherapy, dietetics, wound care and speech and language therapy.

Staff were observed to provide care in a respectful and sensitive manner and demonstrated a good knowledge of residents’ individual needs and preferences. This viewpoint was confirmed by the residents themselves, and their relatives.

Medication practices were reviewed and found to be of a good standard. Evidence of regular medicine reviews completed by GPs was seen. A new online system to track medication dispensing was being rolled out. It contained photographic identification for each resident to ensure the correct identity of the resident receiving medication and reduce the risk of error. The prescription sheets reviewed were clear, stating how the medication was supposed to be given.

There was a clear policy in place to guide staff on residents nutritional needs. Residents’ weights were recorded on a monthly basis and more regularly when clinical needs indicated. Nutritional assessments and care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. Throughout the inspection residents were seen to be provided with regular snacks and drinks. A diabetic friendly menu was available and served to all. Residents who required support at mealtimes were provided with discreet and timely encouragement and assistance by staff. Each table was set and decorated nicely, with condiments available and within easy reach. There was a large menu on display at the entrance to the dining room in place and residents were offered choice at their meals.

Staff provided end of life care to residents with the support of the GPs and community specialist palliative services when required. An advanced care directive regarding the residents their wishes for resuscitation was in place and was signed by a GP. There was evidence of the resident and their family or representative being consulted. Residents had access to a large oratory if they wished for funeral services.

Judgment:
Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of
abuse was in place. Staff who communicated with the inspectors confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place. Staff confirmed that there were no barriers to raising issues of concern. No allegations of abuse had been made in the period since the last inspection, and as a result no documentation was available for review. In the sample of staff and volunteer files reviewed, all personnel had received garda vetting disclosures.

A review of training records indicated that staff were provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. The staff were observed to be knowledgeable regarding residents’ behaviours and were overheard to use de-escalation and distraction techniques effectively. The dementia care plans reviewed included a description of the types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to prevent the behaviours and to calm the resident if the behaviour escalated. Some psychotropic medications were in use and their use was audited by the person in charge. The majority of use of these medications, on an as required basis, were at the residents request or during acute episodes of infection and delirium.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. An assessment of residents needs took place, and alternatives to restrictive practices, for example low beds were in use and was reviewed on a regular basis. There were no bed-rails in use in the centre.

The centre did not act as a pension agent for any of its current residents.

**Judgment:**
Compliant

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### Outcome 03: Residents' Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and what the wished to do during the day. During the day residents were able to move around the centre freely.

They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns. Many residents were members of religious communities, and were able to exercise their
choices and requirements for prayer and spiritual activities.

Resident’s rights and dignity were upheld in interactions observed and positive risk taking encouraged. For example, a mobile phone was available for residents to take with them on outings if they wished.

There was evidence of good communication between residents and the staff team. The inspectors observed that residents were well dressed and personal hygiene and grooming were well attended to by care staff. Staff interacted with residents in a courteous manner and residents' privacy was respected as staff knocked on the residents’ bedroom doors prior to entering. There was evidence of consultation with residents through a suggestion box, and residents meetings.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the different communal areas of the centre. There was a dedicated space for visitors, which was nicely furnished and had tea and coffee facilities. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately and calm reassuring tones of voice to engage with those who became anxious restless.

The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations took place during the lunchtime meal. The inspectors observed that the staff members during the observation session knew the residents well and connected with each resident. The interactions observed were positive and connective, with and showed good rapport between staff and residents.

While activity coordinating staff were employed in the centre and an activity programme was in place, addressing the social needs of the residents was also integral to the role of healthcare assistants as well. An activity schedule was prominently displayed.

The centre did not have a specific wing / section that operated solely as a dementia unit. However there was a quiet room that could be used for sensory interventions if required. This was a large room where lighting and sound could be controlled.

There were formal residents’ meetings which were led by members of the religious community who were external to the centre, and who had received training from an advocacy service. A large noticeboard displayed various topics of interest and the activities for the day. In a living room area of the centre, the daily papers and resident information booklets were displayed.

Judgment:
Compliant
### Outcome 04: Complaints procedures

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A complaints management policy was in place regarding the management of complaints and it met the requirements of the regulations. Information about how to raise a complaint was on display. The complaints policy was also accessible and it was stored in an area accessible by both residents, relatives and staff.

There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy.

Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.

A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not. All complaints records seen indicated complaints and concerns had been dealt with in a prompt and timely way.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Rosters for staff were reviewed. At the time of the inspection there were two vacant healthcare assistant positions, and interviews were taking place on the day of inspection. It was highlighted that while these positions were in the process of being filled one or two agency healthcare assistants were working regularly on the roster. The centre had judged themselves as substantially complaint in this outcome, and their action plan related to this recruitment process being completed successfully.
Samples of documents required to be held in respect of staff regarding the person’s identity, vetting disclosure, relevant qualifications, registration details, employment history and references were available for inspection and were found to be satisfactory.

Volunteers were working in the centre in accordance with the regulation. There was a brief but clear description in their files regarding the roles and duties they were to undertake in the centre and who they reported to.

The company has a rolling training programme and the records showed that staff had participated in up to date mandatory training for example fire safety, moving and handling, responsive behaviours and safeguarding vulnerable persons. A very small number of staff were due to attend scheduled training in the week after the inspection.

Staff, residents and relatives said the person in charge was approachable and available whenever they need to talk to her or to relay information. Copies of the regulations and standards were available to staff in key locations around the centre.

Judgment:
Compliant

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The designated centre is laid out on one ground floor level.

The layout and design of this centre meets residents’ needs.

The entrance to the centre was bright with a spacious reception area. Just off the reception area was a visitors room and spacious dining room and access to a secure central garden area nearby.

There were several communal areas, for example a day room, a library, a sitting room, a room used for relaxation or sensory activities and a chapel. The communal areas were pleasantly decorated and looked comfortable, and many had views outside to the garden area.

Bedroom accommodation consisted of single en-suite bedrooms. Resident’s bedrooms were safe, comfortable and spacious enough to accommodate residents to bring in their own personal possessions and manage any adaptive equipment the resident may use.
The centre also contained its own kitchen and laundry.

Equipment was found to be in a good state of repair. There were alcoves off corridors providing safe storage for adaptive equipment; for example hoist and transit wheelchairs. There were adaptations to the building to ensure that the facilities were accessible to all, with handrails along corridors and in bathrooms. There were several dementia friendly design features; including appropriate signage, orientation boards, clocks and a menu board displaying mealtime options.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sarah Carter
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority