



# 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:	10 December 2020
Centre ID:	OSV-0000125
Fieldwork ID:	MON-0031390

## 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:	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 10 December 2020	09:15hrs to 16:50hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector met briefly with a number of residents living in the centre and observed others going about their day independently or being assisted in accordance with their assessed needs. Residents were in good form and were chatting among themselves, relaxing alone with magazines or newspapers, strolling around the premises or attending recreational activities. Resident autonomy and independence was encouraged in the service and people were able to navigate around the building unimpeded.

The routine of the residents was facilitated to be followed as close to normality as possible. Residents were not overly concerned or anxious about the pandemic and were comfortable in the centre. From speaking to the residents and reviewing satisfaction surveys recently collated, the inspector found that residents were happy living in the centre and spoke positively about the staff and the care and support received. They stated that they got along well with the other residents in the centre. As religion was an important aspect of this resident profile's lives, they were happy that they could continue to observed practices such as mass attendance and prayer or rosary groups in an adapted and safe way. The centre was decorated for Christmas and residents were looking forward to the holiday.

Throughout the day the inspector observed staff supporting residents in a patient and friendly manner, and delivering personal support such as eating meals or being assisted to the bathroom was done with respect and discretion. Residents were also observed being facilitated and supported to meet with their friends and family in a safe manner, using a large comfortable room that was spaced and accessed in a way which allowed for social distancing.

## Capacity and capability

During this inspection, the inspector found good examples of how the provider had continued to provide a safe and suitable service for the people living in this designated centre. Residents had been supported to continue with as much of their usual routine as was possible, and the provider had ensured operational continuity in service auditing, staff support and development, and access to required health and social care services.

This was a short-announced inspection, with the person in charge being advised the previous evening. This was done to ensure that key staff were available if required and to ensure that the inspection could be carried out efficiently with minimal interruption to the residents' day.

The designated centre had been affected by COVID-19 in September 2020, with four residents and five staff members testing positive for the illness, of whom all had recovered. The provider had identified and responded to potential or actual cases in the centre throughout 2020 and at the time of the inspection had no current cases.

Staff were complying with self-monitoring of symptoms and regular temperature testing and the provider was availing of regular staff testing for COVID-19. Managers and staff in the designated centre received support and guidance from public health and continued to engage with the Community Health Organisation of the region. The provider was sufficiently resourced with personal protective equipment (PPE) and cleaning and sanitising products. The provider engaged regularly with external parties including the Health Service Executive, Department of Public Health, and the Health Information and Quality Authority to provide assurance that resources were sufficient, testing kits were available and the provider was furnished with the most updated guidance on handling the pandemic and associated social restrictions.

The inspector found that there was sufficient staff available during the day to support the number and assessed needs of residents living in the centre. Staff spoken with or observed evidenced a good personal level of knowledge of residents, their needs, personalities and interests, and the inspector witnessed friendly, respectful and patient interactions between staff and residents during the day. Staffing continuity had been maintained through the year, with little requirement to avail of contingency arrangements to fill staff absences.

The designated centre had been split down the middle, with direct support staff allocated to one side of the building or the other to reduce risk of transmission. This was reflected in the staffing roster. The only exception to this precaution was with nursing care during the night, with one staff nurse rostered to attend to residents on both sides of the centre. Through review of the worked roster and discussion with the provider management, it was also identified that during the COVID-19 outbreak in September 2020, there continued to be one nurse on duty at night, attending to residents who were isolating in a designated zone due to COVID-19 as well as the other residents in the designated centre.

The inspector reviewed a sample of six personnel files for staff and found them to contain the information required under Schedule 2 of the regulations, including employment references, evidence of qualifications and vetting by An Garda Síochána. The provider had ensured that staff training and development had continued in light of the challenges posed by the pandemic, with staff up to date on their mandatory training in manual handling, fire safety, and safeguarding of vulnerable adults. Staff had also been facilitated to receive training in infection control, proper use of personal protective equipment (PPE) and effective hand hygiene, to keep themselves and others safe. Most nurses and care assistants were trained in cardio-pulmonary resuscitation (CPR) allowing there to be someone available with such training at all times. Staff also continued to avail of supervision and induction support structures to discuss performance, set out goals and identify where the provider could support staff in their development.

The provider had continued to carry out regular audits to review the quality of the service and identify areas in need of improvement. Where a gap was identified, for example inaccuracies in resident movement procedures, overdue assessments of need, or missing care and support plans, the actions were assigned to a responsible person for completion within a stated timeframe. The inspector found evidence that the provider's choice of audits were meaningful to the service to address risks relevant to the centre, its staff and residents; for example spot-checking brakes on wheelchairs and beds when that was identified as a potential cause of falls in this centre.

Trends and recurring points identified through accidents and incidents, audit findings, resident feedback, and the actions taken to improve and develop the service on an ongoing basis, were collated in the annual review of quality and safety for 2019. This report reflected meaningful information and had been created in consultation with the service users.

### Regulation 15: Staffing

There was a sufficient number and skill mix of staff available to support the residents and their assessed needs in the service. Staff had a good knowledge of residents and the inspector observed positive and reassuring interactions between residents and staff. The provider had retained continuity of staffing and had not had major vacancies or requirement to use personnel from elsewhere.

While the building was divided in two to allocate staffing resources in each half, as part of the centre strategy to minimise contact risk between the sections, staffing rosters indicated that this was not the case for nursing staff at night, who moved between the units. This movement had continued during a time when a number of residents were isolating due to COVID-19.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Support structure for supervision and staff development had continued in light of the pressures due to the pandemic. The provider had arrangements in effect to ensure that staff were kept up to date in their mandatory training. Training related to infection control, proper hand hygiene and personal equipment practices had been facilitated by the provider.

Judgment: Compliant

## Regulation 21: Records

All required records were held in the designated centre and were available for review.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had suitable management structures in place to ensure that members of management were deputised if absent. The provider had sufficient systems in place to ensure that operational processes such as staff training and development, resident consultation and quality improvement audits were continued. The inspector found evidence that incidents, internal and external audit findings and matters raised by residents were used to develop and enhance the service and the practices therein. There were sufficient staff and equipment resources in the service to meet the assessed needs of residents. The local management engaged in regular meetings with provider-level management and external health and social care bodies to ensure the centre was equipped to respond to actual or potential risks related to COVID-19.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider maintained a log of complaints received, with details of how matters were addressed and points of learning taken from these issues raised. The provider maintained a policy and procedure on the management of complaints which was posted in the designed centre.

Judgment: Compliant

## Quality and safety

The inspector reviewed a sample of care and support plans for residents. This sample included residents identified through notified events which had been submitted to the Chief Inspector, residents with identified health and social care requirements and others selected at random. The inspector found that overall these

plans were written clearly, with detail, and with good examples of individual, person-centred information for staff to support residents with their assessed needs.

Examples of good practice regarding care and support plans included personalised information around dietary needs such as preferred portion size, preferences, allergies, supplements, and how to best encourage and support residents who were at greater risk of malnutrition or significant weight loss. Where dietician review required routine monitoring of food and fluid intake or tracking of weights, this was clearly recorded by staff.

Residents' choice, preferences and personalities made up a meaningful part of care and support plans. Examples of these included residents who were less likely to socialise but would participate in activities if invited, residents who had preferred times to get up or go to bed, favourite television and radio channels, and where people preferred not to wear their prescribed glasses or hearing aids. For activities of daily living such as showering, grooming, dressing and dining, support instructions were highly personalised and clear on the activities with which the resident required support, and with which they were independent to self-care. The provider conducted regular audits of care plans to ensure these details were present and regularly updated to reflect changing dependencies and preferences.

Instruction regarding transfer and resuscitation orders were very clear in resident plans and these were kept under review with required input from the resident and their doctor. Arrangements for end-of-life support were composed in a respectful and dignified manner. Each person's preferences for family, cultural and religious arrangements were detailed, such as where people wished to be buried, what songs they would like played during the funeral, and who of the residents' family and friends they wished to be present.

Where residents expressed frustration or anxiety in a way which created a risk to themselves or others, behavioural support plans were in effect to advise staff how to support the resident to return to their baseline behaviour. Where restrictive practices were prescribed for use to support residents, there were clear protocols to ensure that these measures were only utilised when all non-restrictive strategies had not proved effective. However, of the sample reviewed, the inspector found an example of a behavioural support care plan which had not been updated to reflect changes in expressions of risk as assessed by psychiatry services, and recent incidents of physical and verbal aggression towards others, resulting in the plan not providing information on how behaviours could manifest and how to most effectively support the resident and keep themselves and others safe.

The provider had ensured access to health and social care services, both regular and as required, through the year. The general practitioner had been reviewing residents remotely during the year and was now back to visiting the centre twice a week. The resident also had twice-weekly access to physiotherapy services. Chiropody, optician, dentist, occupational therapy, dietician and speech and language therapists services were available as required. There had been a good uptake of the winter influenza vaccinations this year in the centre, with 100% of residents receiving the

vaccine.

The premises were spacious and allowed residents to effectively practice social distancing while still being able to socialise and speak with one another. All residents were accommodated in single bedrooms with en-suite bathroom facilities, and there was a section of the building designated for use in the event that residents test positive for COVID-19 and were required to isolate. The building was clean and in a good state of maintenance, and staff were observed following good practice regarding hand hygiene and use of personal protective equipment and face coverings. Staff were diligently self-monitoring for temperatures and symptoms, and these checks were being done for visitors entering the premises. Regular on-site testing for COVID-19 took place in the centre with members of staff trained to carry out swab tests. There was a schedule in effect to ensure that all areas of the building were cleaned, including procedures for deep-cleaning bedrooms.

The provider maintained a schedule of visits to ensure that all residents were able to stay in contact with their friends and family. The inspector observed these visits taking place in a large room which allowed the visitors to stay at a distance from the residents, and allow them to enter and exit the room through the garden so they were not required to walk through the centre. Arrangements were in place for visitors to enter the centre in exceptional circumstances or on compassionate grounds, and residents were supported to stay in contact with their loved ones by phone or video call. The provider also kept family members updated through regular communications.

The provider had issued a survey to residents inviting their feedback and suggestions for what they liked or wanted to see happen in their home. Questions related to meals, activities, the premises and staff support. The inspector found examples of where suggestions were used to create an action plan for quality improvement and development and ensure that residents contributed to new initiatives or projects in the designated centre.

From speaking with and observing residents and staff through the day, the inspector found good examples of how the activities programme had been amended and adapted to ensure that residents continued to enjoy social and recreational activities in line with their choices and as close to their usual routine as possible. Some activities were continued as normal but in smaller groups, such as exercise classes and bingo. Other creative initiatives were described by the activity coordinator to replace the absent externally provided activities at Christmas, including the establishment of a staff choir and an upcoming fashion show representing the various ethnic backgrounds of the staff members. As religion was an important part of the residents' lives, they were supported to attend mass which was streamed remotely, and congregate for prayer and rosary groups in a safe and spaced way.

## Regulation 11: Visits

A designated area was identified for visitors to meet the residents in a safe and socially distanced manner. Visitors arranged times in advance and exceptions to the schedule were made under exceptional circumstances such as compassionate grounds.

Judgment: Compliant

### Regulation 13: End of life

Instructions related to end-of-life care were clear, dignified and person-centred. Arrangements had been discussed to ensure the residents' wishes were respected regarding religious, family and cultural preferences.

Judgment: Compliant

### Regulation 17: Premises

The building was clean, spacious, well lit and ventilated, and in a good state of repair. There was sufficient private and communal space for the number and needs of residents in the service, including large and inviting external spaces. The centre was suitably equipped with kitchen, laundry, bathroom and utility rooms. Call bells were available and accessible to residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had a suitable supply and choice of meals, drinks and snacks in the designated centre. Clear information was communicated to the kitchen staff to ensure they had the most accurate information regarding choices and dietary requirements. The inspector observed a pleasant and comfortable dining experience with good evidence of residents being offered choices and supported to dine independently or with support.

Judgment: Compliant

### Regulation 27: Infection control

Staff were observed following good practice related to personal protective equipment, hand hygiene and social distancing. Staff were also diligently self-monitoring their symptoms and temperatures to identify potential or actual risks related to COVID-19. Residents were supported to understand and self-protect from the virus. The centre was clean and checklists for regular and deep cleaning were being followed. The provider conducted regular environmental audits to monitor good practice.

Regular testing for COVID-19 took place in the centre, with staff on site trained to conduct swab testing. The provider had a designed area of the building identified for use in the event that residents are required to isolate from their peers.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Resident care plans were individualised, person-centred and led by the choices, preferences and assessed needs of the residents. Overall support plans including recreation, daily routine, personal hygiene, nutritional requirements, wound care, mobility support and end-of-life care were written with clear information on how to most effectively meet the residents' assessed needs.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to their doctor and to health professionals relevant to their assessed needs. Instructions from healthcare review were incorporated into resident support plans. Advanced care directives were in place for all residents. Residents were supported to avail of seasonal flu vaccinations.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents had support plans in place which identified how to identify and respond to behaviours which may cause risk to themselves and others. Where restrictive practices such as chemical restraint was used, protocols were in effect to ensure these were only used when other strategies has not been effective.

The inspector found an example in which changes to potential risk expressions

identified in recent incidents and assessment had not resulted in amendment to behaviour support and response planning, to ensure that staff had accurate and current information on how to most effectively support and respond to risk behaviour.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents continued to support to engage and participate in meaningful and enjoyable social and recreational opportunities, in groups and individually. Person-centred solutions to retain as much normality in residents' routine were encouraged.

Measures were in place to ensure that residents contributed to the operation of the designated centre and that their feedback and suggestions were captured and responded to.

Residents had access to television, newspapers, radio and telephones in the centre.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Catherine McAuley House OSV-0000125

Inspection ID: MON-0031390

Date of inspection: 10/12/2020

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment is currently ongoing to hire additional nursing staff, to allow for an extra nurse to be on night duty while zoning of nursing home is required.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The resident’s behavioral support care plan has been reviewed and care to be provided to the resident has been updated to guide staff.	

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/03/2021
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	11/12/2020