<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Catherine McAuley House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000125</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 837 9186</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:divillyh@eircom.net">divillyh@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sister Anne Doyle</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Ellen Monica (Helen) Divilly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila McKevitt</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

• Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
• Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

• to monitor compliance with regulations and standards
• to carry out thematic inspections in respect of specific outcomes
• following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
• arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 February 2014 10:00  
To: 04 February 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
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<tr>
<td>Outcome 03: Suitable Person in Charge</td>
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<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 18: Suitable Staffing</td>
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</table>

**Summary of findings from this inspection**

This monitoring inspection was announced and took place over one day. The centre has 24 beds. It provides care to females only. The provider has submitted an application to vary condition seven of their certificate of registration. They wish to increase the number of residents they can care for from 24 to 35. A new extension has been added to the building to accommodate the extra residents, which is now completed and ready for residents to occupy. As part of the monitoring inspection, the inspector met with residents and staff members. The inspector viewed the newly constructed extension, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

Prior to the inspection, the inspector reviewed written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire and planning authorities in relation to the use of the building as residential centre for older people. All documents submitted by the provider, for the purposes of application to vary a condition of registration were found to be satisfactory. The inspector confirmed that the provider had fully addressed three actions from the last monitoring inspection which took place on 3 September 2013, partially addressed one and two actions remain outstanding.
Overall, the inspector found the provider and person in charge, had undertaken some preparation for inspection. The provider and the person in charge were found to be operating in compliance with the conditions of registration. However, they were not fully in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The non-compliances relate to the statement of purpose, contracts of care, fire records and fire training, policies, staffing levels and premises. The Action Plan at the end of this report reflect these non-compliances.

### Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Minor

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

**Findings:**
The statement of purpose dated 12 November 2013 was reviewed. It accurately described the service provided in the centre but did not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspector saw that residents had access to copies of the statement of purpose.

### Outcome 02: Contract for the Provision of Services
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate
**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
All residents had a signed contract of care in place but they did not include full information on fees to be charged for care and accommodation provided or details of possible additional charges.

**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
The designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. She demonstrated a good level of clinical knowledge and knowledge of the Regulations and her legislative responsibilities. She worked full-time and was supported in her role by the provider and a clinical nurse manager. The clinical nurse manager also worked full-time and demonstrated good clinical knowledge of all residents. She took over the running of the centre in the absence of the person in charge and was found to be pro-active in promoting evidence-based practice.

**Outcome 04: Records and documentation to be kept at a designated centre**
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that some improvements had been made to records maintained in the centre. Fluid balance charts were now completed and totalled accurately every 24 hours. Accident forms included a record of observations taken immediately post the accident and evidence of neurological observations taken for all residents who sustained a suspected head injury. Nursing assessments were found to be completed on admission and residents were re-assessed on a three-monthly basis. Resident care plans reflected needs identified on assessment. However, the nurses daily evaluation was not linked to residents person-centred care plan. All policies listed in Schedule 5 of the Regulations were available. The inspector saw that the medication management policy, elder abuse policy, and fire policy had been reviewed since the previous inspection. However, they did not reflect practices in the designated centre, further details are provided under Outcome 6, 7 and 8 below.

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Minor

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

Findings:
Measures to protect residents from being harmed or suffering abuse were in place. There had not been any incidents of abuse reported from the centre. The inspector found staff had a good knowledge of what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. As mentioned under Outcome 4, the elder abuse policy required updating. For example, it did not provide guidance to staff in the event that a member of the management team was involved in alleged abuse. In addition, it did not include the name or contact details for the senior social worker or of the local advocacy service in the area. It was not robust enough to guide staff.
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre had a risk management policy and an up-to-date health and safety statement in place. The risk register was not comprehensive. It identified potential risks and measures put in place to reduce the level of risk. However, the measures described were not specific enough and did not reflect practice. For example, to prevent residents from falling from beds, a falls risk assessment was carried out on each resident on admission to identify those at risk, those identified at risk had research based methods of falls prevention put in place, such as low low beds and crash mats. The risk register did not reflect these good measures used to reduce the risk of falls.

Staff had not completed fire training for the new extension, although, the inspector was shown evidence that three training dates were scheduled for the second week of February. The newly drafted fire policy was not reflective of current practices. For example, it stated that staff checked fire escapes twice a day, evening and night. However, the fire officer confirmed to the inspector that they were checked daily and records reviewed confirmed this was the practice. Fire drills were practiced at least twice per annum. However, the records of fire drills remained brief, records included name of staff in attendance and date only, there was no evidence of an evaluation or of feedback given to staff.

Staff spoken with knew what to do in the event of an emergency. However, the emergency plan was not specific enough to guide staff in the event of all potential emergencies. For example, it did not mention potential emergency of a gas leak and did not include contact details for those personnel to be contacted in the event of an emergency.

Manual handling practices observed were in line with best practice and records reviewed showed all staff had up-to-date training in place.
**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Medication management practices were in line with best practice. The storage of medications was now in line with best practice. Actions from the last inspection had been implemented. The clinical room used to store medications and the medication trolley was securely locked when not in attendance. Resident medication prescription charts were reviewed and now included a photo of the resident, frequency of administration, maximum dose of as required medications, date of prescription and individual orders for the crushing of medications. However, as mentioned under Outcome 4, the medication management policy did not reflect practices. For example, the policy stated that an overall order for crushing medication on each residents' drug chart was adequate. As mentioned above, this practice had changed and individual orders for the crushing of medications were in place. The inspector was informed by a staff nurse that two staff signatures were required when a telephone order was taken in an emergency situation. However, this was not reflected in the medication management policy.

**Outcome 11: Health and Social Care Needs**
*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care. The inspector saw that "draw sheets" were no longer in use. The clinical nurse manager had conducted a detailed continence assessment on all residents, identified those with a long term need and put an evidence based care plan in place to address this need.

The use of restraint had been reduced to a minimum since the last inspection, alternatives such as low, low beds and crash mats had been tried and tested, residents had been assessed and re-assessed and the use of restraint audited on a continuous, regular basis by the clinical nurse manager.

The inspector saw evidence that resident's received appropriate medical and allied health care without delay. Residents were seen by their general practitioner (GP) on a frequent basis and had their medications reviewed every three months. There was evidence that residents were involved in their assessment and care plan and these were person centred, although, as mentioned under Outcome 4, the daily nurses evaluation was not linked to the residents person-centred care plan. Activities provided met the needs of the residents currently living in the centre.

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector viewed the newly constructed extension. It was safe and secure. It contained 28 single en suite bedrooms, a large bright dining room, kitchen, oratory, visitors room, therapy room and residents library. It also contained separate changing facilities for kitchen and care staff. There was a plan in place to re-furbish a number of existing bedrooms in the old part of the building, this would include the seven ensuite bedrooms, a treatment room and offices.

Residents had access to an enclosed courtyard and an enclosed garden both of which were safe and secure.
The inspector found the number of communal toilets available were not adequate to meet the needs of 35 residents. There was only one non-assistant communal toilet and one communal assisted toilet available for residents' to use. The communal assisted toilet was situated between the dining room and the oratory. However, there was none available at the other side of the building near the large room identified as an activities room and the three smaller communal day rooms.

The issues identified on the last inspection had been addressed. The inspector saw that rusty commodes were no longer in use, new commodes had been purchased, they all had appropriate seat covers in place. There was no evidence of equipment or incontinence wear being stored in communal bathrooms. Communal use of hand towels was no longer evident.

**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**

Workforce

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The staff numbers and skill mix was adequate to meet the needs of 24 residents only. Current staff had mandatory training in place other then fire training for the new extension, mentioned under Outcome 7, which was planned. A draft roster for caring for 35 residents had been submitted for review. The planned increase in staffing levels during the day and night appeared adequate on paper to meet the needs of 35 residents. On inspection, the inspector was informed that no extra staff had been recruited to date. The inspector noted that additional numbers of staff nurses, health care assistants, cleaners, laundry personnel and an activities person was needed to ensure the needs of 35 residents could be met. Staff files were not reviewed as they were found to be in compliance on the last inspection in September 2013.
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

**Report Compiled by:**

Sheila McKeivitt  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
Our Statement of Purpose has been reviewed and updated to include all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2009(as amended) It contains a full outline of our facilities to include our new extension and a full list of services we provide for residents.
A list of policies that help guide our practice in the Nursing Home is now included. We have also included a full description of our new security and fire alarm systems and details of the number security cameras located outside and inside the building to ensure extra security for our residents and staff. Details of our enclosed gardens and a courtyard with water and light features are also outlined. We have included a full list of daily activities and social events that we provide for residents. The management structure of the Home and a list of whole time equivalent staff to care for the needs of the resident is included in the revised Statement of Purpose. A copy of the Statement of Purpose has been forwarded to Health Information and Quality Authority.

**Proposed Timescale:** 28/02/2014

<table>
<thead>
<tr>
<th>Outcome 02: Contract for the Provision of Services</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Contracts of care did not include the fees to be charged for care and accommodation provided or details of possible additional charges.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The Contract of Care has been updated to include all details of our services and fees charged as required under Regulation 28(2) A Contract of Care is provided for each resident and signed within one month of admission to Catherine McAuley House. It contains details of fees to be paid by the resident and amount paid by Fair Deal Scheme along with any additional charges to the resident. A copy of the revised Contract of Care for Catherine McAuley House has been forwarded to The Health Information and Quality Authority.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 28/02/2014</td>
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<tr>
<th>Outcome 04: Records and documentation to be kept at a designated centre</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Maintain the records listed under Schedule 3 (records in relation to residents) of the Regulations in a manner so to ensure completeness, accuracy and ease of retrieval including residents daily evaluation.</td>
</tr>
</tbody>
</table>
**Action Required:**
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

**Please state the actions you have taken or are planning to take:**
In Catherine McAuley House all residents have a person centred care plan which has been developed and signed with the resident/next of kin. Daily progress reports are now linked to the evaluation of the person centred care plan and documented daily by the nurses. This information is communicated to staff at handover report. Regular audit of the daily progress notes are conducted by DON/CNM to ensure full compliance in this area of documentation. The result of the audit is relayed to staff at staff meetings and any actions required are acted upon in a prompt manner. This ensures completeness and accuracy in the maintenance of resident’s records.

Care Plans are now placed in front of daily progress notes for easy access and accuracy in line with Schedule 4, Health Act 2007, Regulations 2009(as amended)

**Proposed Timescale:** 05/03/2014

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**Outcome 06: Safeguarding and Safety**

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy in place was not detailed enough to guide staff on procedures for the prevention, detection and response to abuse.

**Action Required:**
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**
In Catherine McAuley House there is an updated policy on procedures in the prevention, detection and response to elder abuse. The policy includes guidance for staff in the event that a member of the management team was involved in the alleged abuse. In this instance the alleged perpetrator is suspended from duty and a thorough investigation is conducted by two members of the Board of Management team. Contact details for the Senior Social Worker in the area of elder abuse are included in the policy and should be contacted in the event of an allegation of elder abuse. The local leader is the advocate to be contacted along with Gardai, psychological counsellor and relatives. Contact details for all are written in the elder abuse policy. All staff are trained in the revised procedures for the response to allegation of alleged abuse in the nursing home and feedback and discussion on the procedures is encouraged to ensure it is robust enough to guide staff.

**Proposed Timescale:** 01/06/2014
Outcome 07: Health and Safety and Risk Management

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register was not comprehensive enough.

**Action Required:**
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
The Person in Charge has undertaken a full risk assessment for all areas of Catherine McAuley House and the risk register will be updated to reflect potential risks identified. Risks that are identified and any actions required to manage them are documented in the Risk Register. This includes the falls risk assessment for residents at risk of falling from beds, actions such as the use of high low beds and crash mats are now documented in the risk register.
A review of the risk register will take place yearly and all new risks identified and control measures put in place to deal with them are documented. Staff are informed at staff meetings of any new risks that are added to the risk register and the actions required to deal with them along with full details of people responsible for completing the action.

**Proposed Timescale:** 01/06/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan was not detailed enough to guide staff in the event of all emergencies.

**Action Required:**
Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

Please state the actions you have taken or are planning to take:
The emergency plan in Catherine McAuley House has been updated to provide guidance and information for staff on the procedure for dealing with all emergency situations that may arise in the Nursing Home. The contact details for all emergency personnel to be contacted in the event of emergencies are now available in front of the Emergency Plan. These contact details are also placed at strategic areas in the nursing home so that they are readily available to staff in the event of an emergency arising. It is the responsibility of the Director of Nursing to ensure that all staff are fully trained in the Emergency Plan and Procedure and are aware of the specific contact details of personnel to be contacted in an emergency situation.
The Fire Policy is now updated to reflect current practice regarding checking fire exits.
All fire exits are now checked once a day and staff document their findings in the fire exit form maintained at the nurse's station. Regular audits are completed by DON/CNM to ensure compliance with the Fire Safety Policy. Audit results are relayed to staff and any learning outcome addressed.

**Proposed Timescale:** 05/03/2014  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Staff had not completed fire training that included the new extension to the centre.

**Action Required:**  
Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

**Please state the actions you have taken or are planning to take:**  
Please state the actions you have taken or are planning to take: All staff in Catherine McAuley House have now completed fire training course which included training for the new extension. These training sessions took place on the 10th, 11th and 19th February 2014 and were conducted by an outside fire training company. An evaluation report and record of attendance is maintained in the fire register in the nursing home.

**Proposed Timescale:** 19/02/2014  
**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The record held of fire drill practices were not comprehensive.

**Action Required:**  
Under Regulation 32 (2) (a) you are required to: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

**Please state the actions you have taken or are planning to take:**  
Fire drills are conducted twice early for all staff in Catherine McAuley House. The most recent Fire drill included training for the new extension and is now completed. A comprehensive evaluation report is provided on completion of training and feedback communicated to staff at staff meetings. A record of the training dates and staff attendance sheet is maintained in the Fire Register as required.

**Proposed Timescale:** 05/03/2014
Outcome 08: Medication Management

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The medication management policy did not reflect practices in relation to the prescribing of crushed medications and the procedure to be followed by a staff nurse when taking a telephone order from a person registered to prescribe medications.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
In Catherine McAuley House we have updated our medication management policy to include the procedure when a resident is required to have their medication crushed. All our residents who require their medication crushed must have an individual crushing order for each individual medication. Regular audits are conducted by CNM to ensure compliance with the medication management policy of Catherine McAuley House. In case of an emergency where a staff nurse is required to take a phone order for medication prescribed for a resident by a doctor the order must be signed by two staff members. This order is then signed in the resident’s kardex by the doctor. This procedure is now documented in our medication management policy. All new staff nurses are informed of this as part of their orientation training. Regular audits are completed to ensure compliance with this procedure of staff taking telephone orders.

**Proposed Timescale:** 05/03/2014

Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number of communal toilets available are not adequate to meet the needs of 35 residents who would be living in the centre.

**Action Required:**
Under Regulation 19 (7) (b) part 1 you are required to: Provide a sufficient number of toilets having regard to the number of dependent residents in the home.

Please state the actions you have taken or are planning to take:
It is proposed to provide an additional assisted communal toilet facility adjacent to the large activities room and small communal day rooms. It is also proposed to extend the existing toilet facility close to the linen room to provide a wheelchair accessible toilet for use by visitors in accordance with Standard 25c of the National Quality Standards for Residential Care Settings for Older People in Ireland. There are also two separate non
assisted communal toilets available to residents in Catherine McAuley House.

**Proposed Timescale:** 01/05/2014

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**Outcome 18: Suitable Staffing**

**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The numbers of staff and skill mix of staff was not adequate to meet the needs of 35 residents' and the size and layout of the building.

**Action Required:**
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
To ensure that we have the sufficient numbers of staff with appropriate skill mix for thirty five residents in the newly extended Catherine McAuley House we have commenced our recruitment and interview process. We already have employed two new staff nurses and our recruitment process is still ongoing. Our current catering arrangement with an outside catering company is under review and the outcome of which will determine whether we remain with this arrangement or employ in-house catering staff.

**Proposed Timescale:** 01/06/2014