

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Catherine McAuley House
Centre ID:	OSV-0000413
Centre address:	Sisters of Mercy, Old Dominic Street, Limerick.
Telephone number:	061 315 313
Email address:	eileen.crowley@mcauleyhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of Mercy
Provider Nominee:	Sr Eileen Crowley
Lead inspector:	Julie Hennessy
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	4

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 judgments 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.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 September 2014 08:30	16 September 2014 17:00
17 September 2014 08:00	17 September 2014 14:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced inspection of Catherine McAuley House Nursing Home following an application by the provider to renew the registration of the centre.

A monitoring inspection in February 2014 carried out by the inspector also informed this inspection.

Catherine McAuley House provides residential care for retired nuns of the order of the Sisters of Mercy. The centre may accommodate 34 residents and there were 30 residents on the day of inspection, including one resident in hospital.

The inspector met with residents, the provider, the person in charge, the clinical nurse manager (CNM) and staff members. The inspector observed practices, the physical environment and reviewed documentation such as medical records, risk assessments, policies, procedures and staff files.

The inspector found that the provider demonstrated continuing commitment to the regulatory process. The person in charge was a very recent appointee to the post and had the required experience, qualifications and skills for the role of person in charge. The provider, CNM and entire staff team had completed significant work since the previous monitoring inspection in February 2014. For example, a quality management system had been implemented; a complete review of health and safety in the centre had taken place and new care plans had been recently introduced.

The inspector found evidence of good practice across all outcomes. The premises were homely, clean, and warm and décor was maintained to a high standard. The centre provided a pleasant and calm environment for residents. The religious needs of the residents were fully met. The quality of residents' lives was enhanced by a range of activities for them to do during the day, irrespective of level of dependency and an ethos of respect and dignity was evident. Staff were knowledgeable about residents' likes, dislikes and personal preferences. Residents told the inspector that they felt happy and safe and were enabled to exercise choice over their lives in accordance with their individual wishes and preferences.

Non-compliances were identified relating to documentation, medication management, healthcare assessment and the annual review of the service, which are discussed in the body of this report and improvements required are included in the Action Plan at the end of the report

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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:

Governance, Leadership and Management

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

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

Findings:

The provider had revised and updated the statement of purpose since the previous inspection. The inspector reviewed the statement of purpose and found that it was informative and accurately described the service that is provided in the centre. The inspector observed that the statement of purpose was clearly reflected in practice, for example, the philosophy of care included the promotion of independence and provision of a homely environment, both of which were evidenced in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a system in place to ensure that the quality of care and experience of the residents was monitored and developed on an on-going basis. There was a clearly defined management structure in place. There were sufficient resources to ensure the delivery of safe, quality care services.

Significant work had taken place in the centre since the previous inspection to ensure effective monitoring and development of the service on an on-going basis. A quality management system had been introduced and this included the weekly collection of clinical data, including weight loss, falls, pressure sores and behaviour that challenges. The quality management system also involved auditing of all aspects of the service. The inspector found that audits had commenced, including those relating to medication management, protection of residents, residents' rights and dignity, policies and procedures and falls prevention. Audits included corrective actions and thus, contributed to learning and improvement of the service.

Some improvements to the quality system were required including: the addition of wounds to the clinical data collected on a weekly basis; the need to complete analysis and trending of medication errors and; the need to include practices around the administration of medications by nursing staff in the medication management audits. Also, not all of the audit recommendations from a recent audit by the pharmacist had been implemented, for example, complete records of daily temperature readings of the medication fridge were not maintained and eye drops in the fridge did not specify to which particular eye the eye drops were to be administered. Medication-related improvements are further discussed under Outcome 9: Medication Management.

Although information pertaining to the governance and management of the centre, including the results of any audits, were presented to the Board of Management; there was no formal system in place to ensure that an annual review of the quality and safety of care delivered to residents took place, in consultation with residents, and the production of a report arising from such a review, as required by the Regulations.

The provider ensured that the views of residents were sought individually, through the use of recent satisfaction surveys and through the residents' meetings. However, as mentioned above, this did not yet form part of a planned review of services aimed at improving the safety of the service and quality of care.

Judgment:
Non Compliant - Minor

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:
Governance, Leadership and Management

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

Findings:

Each resident had a written contract of care that provided details of services to be provided for that resident and the fees to be charged. There was a guide to the centre available to residents.

The inspector reviewed a sample of residents' files and found that each resident had a written contract that was agreed within a month of admission. The contracts clearly set out the services and the fees to be charged for services provided in the centre. Each resident's contract addressed the care and welfare of the resident in the centre.

The provider had revised the residents' guide to the centre and produced it in a user-friendly attractive booklet; a copy was available for view in the entrance area and each resident had a copy in their room.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

The person in charge was a very recent appointee to the role of person in charge in the centre. The role of the person in charge was full-time and she was a registered nurse with previous experience as a person in charge. The inspector found that she was knowledgeable of the relevant legislation and of her responsibilities under the legislation.

The person in charge was aware of the requirement to complete a management course in a health or related field and was in the process of exploring different options to complete such a course within a three-year period. The person in charge demonstrated her commitment to her own professional development and education. For example the person in charge had completed courses and attended workshops and seminars in relation to wound care; dementia care; food safety; nutrition and; driving nursing care standards in residential settings. The person in charge was scheduled to attend relevant conferences in the upcoming months.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place. Records were kept securely, were accessible and were kept for the required period of time.

Residents' records were kept in a secure place. The inspector found that the system in place for maintaining files and records was very well organised with clear systems in place.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents' records as required under Schedule 3 of the Regulations were maintained. However, some records were not complete including those relating to residents' communication needs and methods of communication and residents' health and condition. This will be further discussed under Outcome 11: Health and Social Care Needs and in the associated action. The inspector reviewed a sample from the Directory of Residents and found that it contained all of the required information. Entries to the nursing and medication records were maintained in line with relevant professional guidelines. Daily records were completed.

Other records as required under Schedule 4 of the Regulations were maintained. However, some records were not complete including records of daily temperature recordings of the medication fridge and daily and weekly fire safety checks. Records relating to inspections by other authorities were maintained in the centre and the inspector viewed documentation relating to food safety and fire safety. A record of complaints and notifications was viewed. A directory of visitors was maintained and completed. The centre was adequately insured against accident or injury and insurance

cover complied with the all the requirements of the Regulations.

Significant work had taken place with respect to policies and procedures in the centre since the previous inspection. All of the key policies as listed in Schedule 5 of the Regulations were in place. Additional policies were also in place as necessary, including for example, policies relating to: manual handling; the provision of intimate care; smoking; CCTV and residents' consent. A record was maintained for staff to sign to confirm that they had read and understood the policies.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Notifications in relation to the absence of the previous person in charge had been made to the Authority as required.

Suitable arrangements were in place for the absence of the person in charge with the CNM2 deputising in the absence of the person in charge. Weekend and out of hours cover alternate between the person in charge and CNM2, with the provider also available for additional support if necessary.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The provider had put in place arrangements to protect residents from being harmed or suffering abuse in the centre. A positive approach to behaviour that challenges was demonstrated and a restraint-free environment was promoted.

There were policies in place in relation to the prevention, detection and response to abuse; restrictive practices and; behaviour that challenges, which were all within date.

All staff had received training on the protection of vulnerable adults since the previous inspection. Inspectors spoke with staff and found that they were knowledgeable about the signs of abuse, what constitutes abuse and what to do in the event of abuse.

Inspectors spoke with residents who confirmed that they felt safe in the centre and were very complimentary of how well they are treated by staff.

Consent for photos of residents was held in their files.

The provider informed the inspector that there were no known allegations of abuse at the time of inspection.

The inspector was satisfied that there were systems in place to protect residents from financial abuse. Residents' personal finances were managed by the leader of the local congregation, and not by the centre.

There were systems in place to manage finances of the centre including double signatures on any cheque and the system was subject to external review.

The inspector found evidence that the centre had progressively moved towards a restraint-free environment. Previously, there was high usage of bedrails, but this had been substantially reduced. A risk assessment had been completed for every resident with bedrails, alternatives had been considered and documented and had been implemented in practice. The CNM2 described future plans to further reduce the use of bedrails, in that any new beds would be low to the ground. The on-going promotion of a restraint-free environment was discussed and documented in the minutes of staff team meetings.

The inspector found evidence of efforts that were made to minimise challenging behaviour and such efforts were tailored to the individual. Individual interventions included Sonas (an activities and recreation programme for people living with dementia or with communication needs), relaxation therapy, music and massage therapy.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

Overall, the health and safety of residents, visitors and staff was promoted and protected. The provider had completed significant work in the terms of developing a risk management system since the previous inspection. Some additional improvements were required to ensure that fire safety processes in place were adhered to and in terms of addressing identified hazards.

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. The items set out in Regulation 26(1) had been included in the risk management policy since the previous inspection.

The provider had arranged for a full review of health and safety and risk management within the centre since the previous inspection. The services of an external consultant had been retained to carry out hazard identification and risk assessments. Risk assessments had been completed for a range of work activities, including: medication management; the management of clinical waste; manual handling and for all work areas. The inspector reviewed the action plan arising from the review and found that all of the actions had been completed; for example, keypads had been installed to areas where hazards were present such as the kitchen, laundry and sluice rooms and a grid had been made for the outdoor pond.

Although a hazard had been identified in relation to access to boiling water in the dining area and a risk assessment had been completed; the inspector found that the control measures in place were not sufficient to protect all residents from accidental burns. The inspector spoke with staff who identified a particular resident with cognitive impairment who could potentially be at risk from such an event and this had not been appropriately assessed or addressed in the risk assessment. The inspector observed however that the dining area was well supervised by staff.

All staff were trained in the moving and handling of residents. Moving and handling risk assessments were in place for all residents and of the sample viewed, the inspector found that the risk assessments adequately reflected the mobility status and needs of residents. Equipment necessary for the moving and handling of residents was available including hoists, shower chairs, raised toilet seats, assistive baths and adjustable beds.

There were measures in place to prevent against accidents and injuries. Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. The floor covering was intact.

The provider had ensured that adequate arrangements were in place to prevent against the risk of fire and to prepare for any emergencies. A system was in place for the completion of daily and weekly fire checks, however as previously mentioned under Outcome 5: Documentation to be kept at a designated centre, the fire processes were not always adhered to as the inspector noted gaps in relation to the completion of both daily and weekly fire checks. This was also identified at the previous monitoring inspection.

All staff were trained in fire safety. The inspector spoke with staff and found that they were aware of what to do in the event of a fire. The servicing of fire equipment and the fire alarm system was completed as required. Fire drills had been carried out by an external fire consultancy. The provider outlined further plans for the centre, including the development of personal evacuation plans for each resident; further fire marshal training for all staff and a planned practice complete evacuation of the centre. There were adequate means of escape and fire exits were unobstructed.

There was an emergency plan in place, which was prominently located in the entrance hall of the centre.

The inspector reviewed the accident/incident log found that accidents or injuries to residents were recorded in sufficient detail, were documented in the residents' care plans and appropriate steps had been taken to minimise re-occurrence.

Satisfactory procedures were in place for the prevention and control of infection, including clear policies, staff trained in infection control, cleaning schedules, risk assessments and appropriate facilities and equipment. The inspector spoke with staff who displayed a good appreciation of the principles of infection prevention and control. The inspector spoke with the laundry staff at the previous monitoring inspection and found that that staff member also displayed a good appreciation of the principles of infection prevention and control. The centre engaged the services of a contact cleaner. The inspector spoke with a cleaner who had received additional training in environmental cleaning and was knowledgeable about infection prevention and control, including for example the use of colour-coded mops and buckets for different areas and deep cleaning procedures.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The provider had ensured that arrangements, policies and practices were in place to ensure the safe management of medication in the centre.

There were medication management policies in place that were informative and centre-specific. The inspector observed a nurse administering medication and observed safe practice in line with the An Bord Altranais guidance on medication management. The supply, distribution and control of scheduled drugs was checked and deemed correct against the register. Nurses were checking the quantity of medications at the change of each shift and all checks were documented. Nurse administration sheets were completed in line with An Bord Altranais guidance.

There were appropriate procedures in place for the handling and disposal of used and out of date medications.

The pharmacist was facilitated in meeting his obligations to residents; the CNM2 outlined how the pharmacist would discuss medication queries and any new medications with residents and also with the nursing staff.

Although the services of one pharmacist were retained by the centre, residents could choose which pharmacist they use and an example was provided of a resident who chose to retain the services of a pharmacist of her choice.

Medication management audits had recently commenced within the centre also and had been completed by the CNM2. Medication management was also the subject of audit by the pharmacist and a detailed audit had been completed on 22/8/2014. However, as previously mentioned under Outcome 2: Governance and Management; the inspector noted that not all of the audit recommendations had been implemented, for example, complete records of daily temperature readings of the medication fridge were not maintained and eye drops in the fridge did not specify to which particular eye the eye drops were to be administered. The recording of daily temperature readings was previously addressed under Outcome 5: Documentation to be kept at a designated centre.

Although practices were observed to be safe in relation to the administration of medications, the inspector noted that staff had not received training in medication management for a number of years and there was no system in place to ensure that competency-based assessment of nurses took place. This was discussed with the provider, person in charge and CNM2 during the inspection and will be further addressed under Outcome 18: Suitable Staffing.

Judgment:

Non Compliant - Minor

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained, as required by the Regulations. There had not been any notifiable incidents in the centre since the previous inspection. Quarterly reports were provided to the Authority as required.

Judgment:

Compliant

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. 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

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

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

Findings:

The inspector found that overall, residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Improvements were required with respect to the on-going assessment, documentation and monitoring of residents' health needs. Improvements were also required to further develop the care plans to ensure that care plans direct the care to be delivered and reflect the good practices in place. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to GP services and there was an out-of-hours GP service available. Residents had been referred to other medical and nursing professionals, for example, to a vascular surgeon and a tissue viability clinical nurse specialist. Blood tests were organised when required.

The inspector reviewed residents' files and found that allied health services was available including access to speech and language therapy (SALT), physiotherapy, dietetics and chiropody.

Results of tests and report findings and recommendations were maintained in the residents' notes.

Each resident had a vital signs sheet that monitored their vital signs, such as blood pressure, temperature and pulse. Blood sugar levels were monitored for residents with diabetes. A daily nursing report was maintained. Where residents refused treatment, this was respected and documented in the residents' files.

Significant work had taken place with respect to care plans since the previous inspection. A new care plan had been developed for each resident. Each resident had a comprehensive assessment of need. Each resident had risk assessments completed using validated tools, for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their urinary continence. Where risks were identified, a care plan was developed. Care plans were reviewed every four months or more frequently if necessary, as required by the Regulations.

Overall, the inspector found that residents' care plans were person-centred and reflected the needs, capacities and wishes of the residents. However, the inspector found that while some files were specific and informative, others were too broad or not detailed enough to reflect the good practices in place; to direct care to be delivered to the resident and; to fully meet the requirements of the Regulations. This was previously mentioned under Outcome 5: Documentation to be kept at a designated centre. For example, although staff were able to describe residents' communication needs and methods of communicating, this information was not clearly captured in residents' care plans. Residents' preferred daily routine was not always captured in the relevant documentation, although staff were clearly able to articulate this information to the inspector. Also, although a scheduled appointment for one resident was documented in the daily diary, there was no mention of this in either the nursing notes or the resident's care plan.

The inspector found that improvements were also required with respect to the on-going assessment, documentation and monitoring of residents' health needs. Pain assessments for a resident were not completed frequently enough to provide an accurate assessment of the resident's level of pain. As a result, the assessment of pain was not sufficiently informative to ensure the comfort of the resident, identify if the resident's condition was worsening, identify whether the resident's pain was being adequately controlled and importantly, determine whether or not a medical review was required. Although the level of pain was assessed at the level of 'mild', both the resident and two nurses with whom the inspector spoke confirmed that it would be more accurately described as 'moderate'. The inspector discussed this with the provider and nursing staff during the inspection.

The inspector found that each resident had opportunities to participate in meaningful activities that residents' confirmed they enjoyed and found interesting. A daily activity schedule was displayed. An activities coordinator worked in the centre and the inspector observed residents enjoying a variety of activities and hobbies during the inspection

including arts and crafts, gentle exercises, bingo, card games, reading and singing. A Sonas programme was in place, massage was organised twice weekly and physiotherapy sessions also took place.

Judgment:

Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was in line with the Statement of Purpose; was suitable for its stated purpose; met the residents' needs and; there was appropriate equipment for use, which was properly maintained.

The provider outlined changes to the premises that had been made since the previous inspection including the covering of the outdoor pond with a grid, the installation of key pads to areas where hazards were present (including the sluice room, laundry room and kitchen), the erection of necessary signage within and outside of the centre to aid orientation and the conversion of a single bedroom to a visitors room. In addition, a new nurse's station had been built in a more central location to enable better supervision of and interaction with residents.

The centre was set on pleasant grounds with a secure garden area. The garden contained comfortable seating with tables and sun umbrellas, walkways and a central pond with a fountain. The gardens were landscaped and well maintained. A number of residents confirmed that they enjoyed the garden and residents were observed walking outdoors and sitting and chatting in the attractive outdoor space.

The centre was homely, comfortable and clean and décor was maintained to a high standard. There was adequate private and communal accommodation. The newly-created designated visitors' room was pleasant and comfortable and was used by residents to receive visitors in private, should they so wish.

Accommodation comprised 30 single bedrooms and two twin-bedded bedrooms. There were a sufficient number of toilets, bathrooms and showers in the centre. Each bedroom accommodated a bed, a bedside locker, a wardrobe, a chair and any specialised

equipment or furniture as required by any resident. There was suitable storage for residents' belongings.

Adequate privacy was ensured; the two shared rooms provided screening that ensured privacy for personal care. There was a functioning call bell system in place throughout the centre.

There were suitable staff facilities for changing and storage and sleeping accommodation for staff was provided as needed in connection with their work.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Adequate arrangements were in place for the management of laundry and this was done on-site, including the laundering of bed linen, towels and residents' clothing.

There was suitable assistive equipment provided, including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. There was a lift in the centre to access the first floor. The inspector reviewed servicing records and they were all up to date. Staff had received training or instruction in relation to how to use equipment correctly. There was ample storage space and equipment was stored safely and securely.

Judgment:
Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The provider had ensured that a robust complaints process was in place.

The inspector reviewed the complaints procedure and found that it was very comprehensive and informative. A summary of the complaints procedure was prominently displayed in the entrance hall and included the name and contact details of the independent appeals person, as required by the Regulations.

Complaints and the outcome of any complaints were appropriately recorded. There was an independent person separate to the complaints officer as required by the Regulations.

The inspector spoke with staff who were aware of what to do in the event of a complaint being made by a resident. The inspector spoke with residents who were aware of how to make a complaint.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Residents in the centre received care at the end of their lives that met their physical, emotional, spiritual and psychological needs.

There was a policy on the management of end of life care which was comprehensive and within date.

There was no resident receiving end of life care at the time of inspection. Each resident had an end of life care plan. The inspector reviewed a sample of end of life care plans and found that residents' end of life wishes, preferences and needs were specifically outlined, including for example, which religious community they would like to look after arrangements on their behalf and who they have imparted any specific wishes to (e.g. the leader of the local congregation).

There was access to palliative care services if required from a hospice team. The CNM2 confirmed that they were well supported by the palliative care services and that such services were available out of hours and at weekends.

The option of a single room was available to those residents who shared rooms. Family and friends were facilitated to be with their loved ones towards the end of their lives. Facilities for family and friends to stay overnight were available, including the option of an empty room in the centre or a room in the convent next door to the centre.

A number of staff from different staff grades had received training in end of life care and displayed a good understanding of how to meet the needs of residents and the importance of advanced care planning.

The religious needs of the residents, who were all members of the community of Sisters of Mercy, were fully met. Blessing of the sick was offered to residents who were unwell. Residents who had passed were remembered at daily Mass. The inspector observed a notice in the hall about a Mass to celebrate the first anniversary of deaths of two residents, with refreshments for all after the Mass in the nearby hotel.

Residents could lie in repose following death and thereafter could be brought to their original convent to be 'waked', should this be in accordance with their expressed wishes.

Staff confirmed that they were supported by management following the passing of a resident. The person in charge explained how they told residents of the passing of another resident individually and supported them at such times.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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 offered a varied and nutritious diet.

A policy was in place for monitoring and documentation of nutritional intake and processes are in place for monitoring nutrition and hydration as necessary.

On the day of inspection, residents were offered choice in relation to what they ate, where they took their meals and mealtimes. The quality, choice and presentation of the meals were of a high standard and a number of the residents told the inspector that the food was always very good.

Residents had access to fresh drinking water throughout the day as well as other hot and cold drinks. Residents were observed enjoying a coffee morning on one of the inspection days. There was a kitchenette near the dining room open all day for residents and visitors to make a cup of tea or coffee. There was a fridge in the dining room with milk, yogurts and juice. Fruit, bread and biscuits were freely available in the dining room. Residents had access to snacks at any time of the day.

The inspector observed the dining experience and noted it to be pleasant with a relaxed and unhurried atmosphere. There were two sittings to facilitate the number of residents who required assistance with their meals. Any assistance was offered by staff in a discreet way. The provider explained how new chairs had been purchased recently, which provided extra support and comfort to residents.

The inspector reviewed a sample of files for residents with dietary needs. The inspector found that a validated assessment tool for malnutrition and an oral assessment for those residents had been completed and residents were being weighed regularly. Bowel charts were maintained and the fluid intake of residents was monitored and recorded as necessary. Care plans had been developed to address any needs relevant to nutrition and hydration.

A list of residents' likes, dislikes and dietary requirements for each meal was kept in the dining area and used by the cook and kitchen staff. The inspector spoke with the cook who was knowledgeable about any special dietary requirements and how to meet those needs.

The cook and other kitchen staff had received training in food safety, specifically the food safety management programme HACCP (hazard analysis and critical control points). Refresher training was provided every two years. The inspector observed a clean kitchen that was well stocked with plenty of fresh fruit and vegetables.

A number of staff from different grades had received training in relation to the assessment of malnutrition from a dietician and the provider confirmed that all staff would receive training.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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 consulted about how the centre was organised; the privacy and dignity of residents was respected; residents were facilitated to exercise their rights and that staff were aware of the different communication needs of residents.

Inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents had individualised toiletries stored in their bedrooms. Residents spoken to confirmed that their privacy was maintained.

There were no restrictions on visits except when requested by the resident or when the timing of the visit presents a risk. Residents were facilitated to receive visitors in private.

Feedback was sought from residents via residents meetings, which were facilitated by the leader from the local congregation. Minutes were kept of such meetings. The inspector noted that the creation of a new visitors room had arisen out of requests for such a space by the residents. The inspector previously spoke with the local leader from the congregation who confirmed that residents provide good feedback about the care they receive from staff, for example, the residents confirmed that staff have never kept them waiting when they sought assistance.

The inspector heard staff addressing residents by their preferred names and speaking in a clear and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect.

Residents' religious rights were facilitated. Mass was celebrated six days a week and a prayer service with distribution of Holy Communion was held on the seventh day. The Rosary was said daily. Confession and anointing/sacrament of the sick were available monthly or more frequently if required. Eucharistic ministers visited the centre.

Residents' political rights were facilitated. The person in charge told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote either in nominated election centres or in-house or by postal voting.

The inspector reviewed residents' files and spoke with staff who were aware of residents' communication needs. There were a significant number of residents with a cognitive impairment in the centre. The inspector noted that the provision of training for staff in relation to supporting residents with a cognitive impairment had been brought to the Board of Management by the provider. The need to further develop residents' communication care plans was previously addressed under Outcome 11: Health and Social Care Needs.

Links were maintained with the community. The inspector spoke with a number of residents who confirmed that they went out with relatives or members of their community for trips or to attend events. Residents had access to radio and television. Each resident had a phone in their room and there were additional phones in the seating area by the living room and in the dining room. Residents could use their own mobile phone, should they so wish. A newspaper was delivered to the centre daily and other newspapers could be provided on request. Volunteers from the local

community/congregation were active in the centre; one volunteer was observed sitting and chatting, reading or doing crossword puzzles with residents while another volunteer held a lively music and singing session.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
There were appropriate arrangements in place for the management of residents' clothing, personal property and possessions.

There was a policy on the management of residents' property and valuables that was in date.

A property checklist was completed on admission for each resident for clothing and any personal property and was contained in each resident's file. Residents were facilitated to retain control over their own possessions and clothing, should they wish to do so.

Adequate personal storage space including a wardrobe, chest of drawers and bedside locker was provided in each resident's bedroom.

Residents' laundry was managed in the centre. There was a laundry room with space for sorting and drying clothes that provided sufficient space for the number of residents in the centre. Care was taken of residents' personal clothing, residents' clothing was individually and discreetly labelled and residents told inspectors that their clothing did not go missing.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The inspector found that there were suitable staffing arrangements to meet the assessed needs of the residents and appropriate to the size and layout of the centre. Staff had access to training and education. Staff and volunteers were supervised on an appropriate level and recruited, selected and vetted in accordance with best recruitment practices.

The inspector reviewed the staffing arrangements and found that there were appropriate staff numbers and skill mix to meet the residents' needs and the layout of the centre. There was a nurse on duty at all times, as required by the Regulations.

The inspector spoke with staff and found that they were aware of the policies and procedures in place and of the Regulations and Standards.

Planned and actual staff rotas were maintained, as required. The CNM explained how new staff underwent induction and were supernumerary for an appropriate period of time. There was documentary evidence that staff had attended induction. There was also a staff development and appraisal system in place for all nursing and care staff. The inspector reviewed a sample of staff appraisals and noted that the appraisal system facilitated staff to identify training and education needs, for example, one staff member had identified a need for training in relation to caring for persons living with dementia.

Volunteers were Garda vetted and received supervision appropriate to their role and level of involvement in the centre.

Staff training records were held in staff files. Staff members had received mandatory training relating to fire safety, elder abuse and moving and handling of residents, which was within date. Although staff were able to articulate how to respond to individual residents with behaviour that challenges, training in behaviour that challenges had not taken place. The person in charge arranged a date to organise such training with an external training provider prior to the end of the inspection. Also, as previously mentioned under Outcomes 2: Governance and Management and Outcome 9: Medication Management; training and competency assessment of nursing staff in

relation to medication management had not taken place for a number of years.

Other relevant education and training was available to staff. The inspector reviewed a number of staff files and found that staff had completed a range of relevant education and training including: food safety training (HACCP), first aid and CPR (cardio-pulmonary resuscitation) and infection control training. Recent training in end of life care, the use of the malnutrition assessment tool and dementia care had been provided and attended by a number of staff from different grades and roles.

Judgment:
Non Compliant - Minor

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:

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Catherine McAuley House
Centre ID:	OSV-0000413
Date of inspection:	16/09/2014
Date of response:	20/10/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no formal system in place to ensure that an annual review of the quality and safety of care delivered to residents took place, in consultation with residents, and the production of a report arising from such a review.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

A Formal annual review will be completed each December which will be relayed formally back to the residents and/or their representatives. This review will take into consideration any resident meeting recommendations, satisfaction surveys, audit report summaries, complaints and/or advocates recommendations (and Subsequent follow up) which took place from the previous twelve months.

Proposed Timescale: 31/12/2014

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some records as required under Schedules 3 and 4 of the Regulations were not complete including for example: records of daily temperature recordings of the medication fridge; daily and weekly fire safety checks and; details of methods of communication that may be appropriate to the residents.

Action Required:

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:

- The importance of daily fridge temperature monitoring and daily/weekly fire safety checks and its documentation has been highlighted to all nursing staff via the communication book and via a staff nurse meeting which was held on the 14th of October 2014.
- All fridge recordings are up to date and Fire safety checks will be monitored by the person in charge when on duty.
- Residents care plans will reflect accurately the appropriate medium for optimum communication for all individual residents. A care plan Audit will take place in October and November and as part of the follow up care plan workshops will be facilitated and lead by the Person in Charge. A follow up audit will take place in January 2015.

Proposed Timescale: 31/01/2015

Outcome 08: 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:

Control measures in place to prevent accidental burns from boiling water were insufficient as they did not consider the risk to individual residents with cognitive impairment.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

- To promote the dignity and independence of our residents who like to make their own hot drinks we will endeavour to continue to have this facility available .However in order to reduce the associated risk to our residents we plan to purchase safety mechanisms for our boiler or alternatively purchase a higher spec boiler with added safety features .
- An individual risk assessment will be carried out on any resident who may be at risk of serious injury from using this equipment and risks identified will be followed up as appropriate.

Proposed Timescale: 31/10/2014

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Eye drops in the fridge did not specify to which particular eye the eye drops were to be administered.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

- All GPs are currently being contacted to remind them to document the affected eye area when prescribing eye drops. During the recent Nurses meeting it was highlighted that staff nurses must also ensure that the Kardex reflects the correct prescription with the correct route- Nurses have been made aware that any deficiencies or inaccuracies

must be brought to the GPs attention in haste .

- All prescriptions generated from the GPs will then communicated through to the Pharmacist who dispenses all medications with the correct labelling. This will be monitored on an ongoing basis through an internal medication audit.

Proposed Timescale: 31/10/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The information in some residents' care plans was not specific or detailed enough to fully direct the care to be given and to reflect the good practices in place.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

- A robust Care plan audit will take place in October/ November, once deficits are identified and communicated to allocated Nurses, a care plan workshop will be facilitated- lead by the PIC in order to ensure all Nurses are confident in the care planning process.
- A second audit will commence in January to ensure that all care plans for our residents are reflective of the needs and wants of our residents in a person centred but informative manor.

Proposed Timescale: 31/01/2015

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some assessments, monitoring and documentation of residents' needs had not been assessed accurately or frequently enough.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

- Any resident that requires further continuous assessment will be monitored and assessed using the appropriate tools. This will then be documented and any relevant findings will be communicated to the person in charge, the GP and relevant members of the MDT as needed.
- All follow up outcomes will be documented in the residents care plan /nursing progress notes to reflect any interventions which have taken place.

Proposed Timescale: 31/10/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some mandatory training was outstanding, particularly in relation to training in behaviour that challenges.

Training and competency assessment of nursing staff in relation to medication management had not taken place for a number of years.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

- The person in charge has contacted the necessary personnel in order to organise the appropriate training in Behaviour that challenges. Once suitable training has been sourced it will be attended to by all staff in Catherine McAuley to support and promote best practices within the nursing home. Records of all training will be kept in the nursing home
- All other mandatory training needs are up to date for all staff.
- Staff Nurses are currently carrying out self-assessments on medication management via an online education resource; certificates for this will be kept in their personnel file.
- The Person in charge will assess the Nurses individual competency as part of the internal medication audit process on a 2 monthly basis.
- The PIC will liaise with the Pharmacist with a view to organising a comprehensive medication management training session pertinent to the medication administration system currently in place to compliment the online E-Learning/ assessment.

Proposed Timescale: 28/02/2015