

**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-0000125
Centre address:	Beaumont Woods, Beaumont, Dublin 9.
Telephone number:	01 837 9186
Email address:	divillyh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of Mercy
Provider Nominee:	Anne Doyle
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	2

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 May 2016 09:30 To: 17 May 2016 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was the first in the centre since September 2014. The 35 bedded centre is a single storey building. On the day of inspection there were 31 residents in the centre, with two in hospital leaving two empty beds. The inspector saw that the majority of action plans from the previous inspection report had been addressed.

The management structure within the centre was robust. The level of auditing in the centre was high which is reflected in the high level of compliance with the Health Act 2007. A number of new initiatives introduced within the centre had lead to better outcomes for residents living in the centre.

The inspector saw the level of services and facilities outlined in the statement of purpose were available to residents. An annual review of the quality and safety of care delivered to residents was available for review.

Residents and relatives spoken with throughout the inspection expressed satisfaction with the level of service they were receiving and services provided to them. Staffing

levels and skill-mix on the day of this unannounced inspection were good. Staff were meeting residents' needs in a holistic and person-centred way.

The inspector found that the nursing and medical care needs of residents were met. Medication administration practices reflected best practice and there were no restraints used in the centre.

The action plans at the end of this report reflect the outcomes under which minor issues need to be addressed.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management team with management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider, person in charge and clinical nurse manager were available in the centre on the day of inspection. They were clear on their roles and responsibilities and appeared to be working well together.

The inspector reviewed a number of audits conducted by the clinical nurse manager. These audits had resulted in positive outcomes for residents. For example, a recent activities audit had led to the appointment of a second person to assist with delivery of activities. Quality Assurance reports were developed each week. These looked at different aspects of clinical care such as wounds, weight loss, psychotropic medication use, falls and complaints.

A copy of an annual review of the quality and safety of care was available to inspectors. The annual review looked at the quality of care delivered in 2015. This was a comprehensive document and it included evidence of residents and families involvement.

There were enough resources to ensure the effective delivery of care, as described in the statement of purpose.

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 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.

The person in charge informed the inspector that she had resigned from her post but was staying on until a new person in charge had been recruited. The provider confirmed they were actively recruiting to fill the post.

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:

Measures were in place to protect residents from being harmed or suffering any form of abuse.

There was a policy and procedures in place for the prevention, detection and response to abuse. Residents spoken with told the inspector they felt safe in the centre. The

inspector saw that all main entry and exit doors were kept secure and the reception desk was manned during the day. There was a visitor's sign-in book at the main entrance.

The inspector saw evidence that all staff had up-to-date training in relation to the prevention, detection and response to abuse. Staff spoken with had a good, clear understanding 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. Their knowledge reflected what was outlined in the centre's policy.

There was a policy on, and procedures in place, for managing behaviour that challenge. However, there were no residents displaying such behaviour at the time of inspection.

There was a policy on, and procedures in place, for the use of restraint. However, the centre was a restraint-free environment.

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):

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

Findings:

The health and safety of residents, visitors and staff was promoted and protected. Improvements had taken place since the last inspection.

The centre had a risk management policy, an emergency plan and an up-to-date health and safety statement in place. The risk register was comprehensive. It identified potential risks and specific measures put in place to reduce the level of risk. Infection control practices were good with hand washing and drying facilities available by each wash hand basin and hand sanitizers available throughout the centre. The emergency plan gave clear guidance on what to do in the event of all types of emergencies.

The inspector saw that there was adequate means of escape and fire exits were unobstructed. Records reviewed showed that the fire alarm and emergency lighting was serviced on a quarterly basis. However, the emergency lighting was not being checked by an authorised person. Fire safety equipment was serviced on an annual basis.

All staff had recently completed fire safety training which included the entire building. Records reviewed showed that this training included practicing a fire drill on average once per month. There was a floor plan showing the nearest fire exit on display behind

each resident's bedroom door and in corridors throughout the centre. The inspector noted a fire drill had not been recently activated at night time.

Manual handling practices observed were in line with best practice and records reviewed showed all staff had up-to-date training in place.

Judgment:

Substantially Compliant

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):

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

Findings:

The written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents reflected current practices. The practices in relation to the ordering, prescribing, administering and storing of medicines reflected the centre's own policy. Medication administration practices observed also reflected An Bord Altranais agus Cnáimhseachais na hÉireann "Guidance to Nurses and Midwives on Medication Management" (July 2007).

The inspector saw residents' were administered medications as prescribed by their General Practitioner (GP) and the nurse was now entering a reason as to why medication was not administered, if this occurred.

The systems in place for reviewing and monitoring safe medicines management practices were now robust. The clinical nurse manager had sourced a comprehensive audit tool which included all areas of the medicines management policy. Audits of medicines management and administration practices were conducted on a monthly basis. The conduction of these audits had lead to improvements in medicines management. This is evident in the fact that the centre has moved from major non compliance in the previous inspection to compliance under this outcome at this inspection.

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):

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care.

The inspector saw evidence that residents received appropriate medical and allied healthcare without delay. Residents were seen by their GP on a frequent basis and had their medications reviewed.

Residents' documents were not reviewed in detail as a computerized documentation system was in the process of being implemented in the centre. The inspector observed that staff were in the process of transferring residents' data from a paper based system into this new computerized documentation system.

The provision of activities had improved since the last inspection. A number of new initiatives had been implemented. These included the development of an enclosed secure garden which contained points of interest for residents' such as water features, and raised planting beds containing herbs and plants which were planted by residents. Wifi was now available throughout the centre and residents had access to two tablet computers. A large therapy room containing soft lighting, reclining chairs and sensory items was now accessible to residents. The inspector was informed that residents living with dementia had access to this quite, peaceful, relaxing room which was being used for some group activities such as Sonas and one-to-one activities such as foot therapy.

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:

There was a complaints policy in place which met the legislative requirements and was

clearly outlined in the statement of purpose and the residents guide. The process was clear, accessible to all residents and displayed in prominent places throughout the centre.

The person in charge was the nominated person to deal with all complaints. The inspector reviewed the complaints file there were no complaints on file. Residents spoken with stated that they had never had a reason to complain.

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

Findings:
The policy and practice in place ensured that each resident received care at the end of their life which met their physical, emotional, social, psychological and spiritual needs and respected their privacy, dignity and autonomy. It had been updated since the last inspection.

There was overnight accommodation available to a dying resident-s family. The centre had access to a palliative care team and there was no delay in seeking their expert advice.

The inspector reviewed the files of two residents who were identified as receiving end-of-life care at the beginning of the inspection. Both residents had some of their death and dying preferences identified within their comprehensive assessment but these were not detailed enough to ensure staff could implement these preferences at the end of one's life. Each resident had a detailed specific end-of-life care plan in place. The plan of care had been discussed with the resident prior to their condition deteriorating and was detailed enough to direct end-of-life care. All religious and cultural practices were facilitated by staff.

Judgment:
Substantially 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):

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

Findings:

There was a policy in place for the monitoring and documentation of nutritional intake.

Residents had access to fresh drinking water at all times. Residents stated that the food provided met their needs and overall they received a good variety and choice in sufficient quantities at each meal time. Meals and snacks were available at times suitable to residents. The inspector saw that the special dietary requirements of each resident were provided for. Catering staff spoken with had a good awareness of residents' dietary needs. They had an updated reference list containing information regarding the residents preferred diet and the consistency each residents food and drink needed to be served at.

Food appeared to be properly prepared, cooked and served, and appeared wholesome and nutritious. However, the vegetables served at lunch time were not reflected of those on the menu displayed on each of the dining room tables. The inspector observed the service of mid-morning hot drinks and snacks to residents and noted that aspects of this service could be improved, for example, the use of cups with saucers and side plates.

Staff were available to supervise lunch in the dining room and assistance was provided by staff in a discreet manner and in line with best practice.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of residents.

There was an actual and planned staff rota. The inspector saw that there was a minimum of one staff nurse on duty at all times and the numbers of staff rostered during the day and night took into account the statement of purpose and size and layout of the building. Residents spoken with confirmed that staffing levels were good, stating they never had to wait long for their call bell to be answered or their requested needs to be met.

A number of new initiatives had been implemented including the introduction of brightly coloured tunics for each discipline of staff. This new initiative enabled residents' to recognise the staff member caring for their needs without any difficulty. Communication processes had also been improved with a detailed staff handover now occurring at 11:30am each day, which nursing and care staff attended together with the clinical nurse manager. A health-care assistant was allocated the role of leading out on activities each day. There was an activities timetable in place seven days per week. All nursing and care staff had attended a two day course on the delivery of activities and assisted in their delivery. Staff and residents had developed and issued their first news letter, copies of which were available throughout the centre.

Records reviewed confirmed that all staff had mandatory training in place or were booked on an up coming refresher date. The clinical nurse manager provided care staff with in-house education on a variety of topics, such as, communication and hand hygiene. This practice enabled staff to provide care that reflects contemporary evidence based practice. The management team had begun the completion of annual staff appraisals.

A review of four staff files confirmed that effective recruitment procedures were in place, and all contained the required documents outlined in Schedule 2. All staff nurses were registered with the relevant professional body for staff nurses.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sheila McKeivitt
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-0000125
Date of inspection:	17/05/2016
Date of response:	10/06/2016

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 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:
The fire drill had not recently been activated with night staff.

1. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case

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

of fire.

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

The action plan is as follows,

1. Scheduled training will take place on 4th July 2016 @20:30 hrs. And a fire drill will take place. The training will be conducted by Mr. Brian Dempsey from Apex Fire Ltd.
2. This training will acquaint both residents and staff of night time fire drills.

Proposed Timescale: 4 WEEKS

Proposed Timescale: 04/07/2016

Theme:

Safe care and support

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

Emergency lighting was not being checked by authorised personnel.

2. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The specific action taken is as follows,

1. The emergency lighting has been checked by an authorised electrician (reg.no.QC 6936/04/021) ON 27TH May 2016. (Please see enclosed Certificate).
2. Ongoing testing on a quarterly basis will continue with the authorised electrician.

Proposed Timescale: Ongoing testing in progress, next due August 2016.

Proposed Timescale: 31/08/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Residents end of life preferences were not always reflected in their death and dying assessment.

3. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

The Action which we are taking in ensuring that all of our residents end of life wishes are recorded in more complexity and detail are as follows,

1. More time will be allocated to residents to discuss their wishes in relation to end of life care.
2. A devised in-house document specific to the residents end of life wishes will be inducted in to our I.T. System facilitating our residents and staff with a more comprehensive resident specific end of life care plan.(copy of same attached).
3. Intensive ongoing training in end of life care planning for staff will take place.

Proposed Timescale: 3 Months.

Proposed Timescale: 10/09/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

The vegetables on displayed lunch menu were not reflective of vegetables served.

The service of mid-morning teas and snacks required review.

4. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

The Action taken is as follows.

A daily check list has commenced checking that all food served is consistent with printed menus and the dining room notice board. This list is signed by the chef and the catering supervisor daily before service, and will be audited regularly.

1. Staff awareness and training has been given to all members of the caring and catering staff pertaining to the importance of the visual aspects of food presentation and service.
2. Immediate training was given in the setting of trolleys.
3. The use of saucers and side plates is currently in progress.
4. Improvements are also noted with the provision of a variety of fruit and smoothies' at regular intervals throughout the day.
5. Resident input will be noted in the future in relation to this aspect of the service provided.
6. Regular ongoing audits, of the catering department relating to the presentation of food and menus have commenced and will be conducted by the person in charge and the clinical nurse manager.

Proposed Timescale: Has commenced(7/6/16) Ongoing audits to continue

Proposed Timescale: 07/06/2016