

**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:	Old Dominic Street, Limerick.
Telephone number:	061 315 313
Email address:	stephanie.mcmahon@mcauleyhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Congregation of the Sisters of Mercy South Central Province
Provider Nominee:	Sr Eileen Crowley
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	5

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
11 July 2017 10:25	11 July 2017 18:00
12 July 2017 08:55	12 July 2017 17:15

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection, carried out by the Health Information and Quality Authority (HIQA).

The provider had applied to renew their registration which is due to expire on 15 December 2017. As part of the inspection the inspector met with the residents, the provider nominee, the person in charge, relatives, the Clinical Nurse Manager (CNM), a visiting priest, the local leader, volunteers and numerous staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application.

The person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents.

Catherine McAuley House provides residential care for nuns of the order of the Sisters of Mercy and has recently accepted admissions of nuns from other orders also. The centre may accommodate 34 residents and there were 29 residents living there on the day of inspection, including one resident in hospital who returned to the centre on the second day of the inspection. The inspector was satisfied that there was a clearly defined management structure in place. The management team was proactive in response to the actions required from previous inspections.

A number of quality questionnaires were received from residents and relatives and the inspector spoke with the majority of the residents and a number of relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. One relative commented that "I am always made welcome when I visit and I feel the care is excellent". One resident stated "as soon as I set foot in the place I knew there was a relaxed, calm, friendly atmosphere". Another resident stated "there are professional staff day and night and love and kindness excel here" a further resident stated that "I have the rights to live my spiritual life and I have choice". Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw a number of visitors in and out of the centre during the two day inspection. A visitors' room was available if visitors required privacy or space. A number of residents regularly went out with family and members of the community, and one resident was out with family and friends celebrating a very significant birthday during this inspection. There was a residents' committee which facilitated the residents' voice to be heard and this was run by the advocate and activities staff.

The inspector saw that the premises; fittings and equipment were very clean and well maintained and there was a good standard of décor throughout. There was plenty of communal and activity space available for residents' use. The provider had invested heavily in the premises in the last number of years and had put in place a new nurse call system, new signage, purchased new low-profiling beds, new falls prevention equipment and had upgraded the fire system. The enclosed garden area had been totally renovated. A special soft surface had been installed for residents' comfort and safety. Flower beds were colourful and plentiful. Retractable awnings had been installed which provided protection from the sun as well as providing outdoor space when the weather was not conducive to being outside. There was very easy access to the garden from the main corridor and residents were seen to enjoy it from early morning and throughout the day.

The inspector found evidence of good practice across all outcomes inspected. There was evidence of individual residents needs being met and the staff supported residents to maintain their independence where possible. Residents' health and social care needs were met. Residents had comprehensive access to general practitioner (GP) services, physiotherapy and occupational therapy services in the centre, and to a range of other health services. The nursing care provided was found to be evidence-based. Residents could exercise choice in their daily life and were consulted

on an ongoing basis.

The centre provided a very pleasant and calm environment for residents. The religious needs of the residents were fully met with mass six days per week and prayers daily. 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.

The inspector identified aspects of the service that required improvement in relation to staff training, the need for further fire drills, updating care plans and roles and responsibilities of volunteers to be set out. These are discussed under the outcome statements. The related actions are set out in the action plan under the relevant outcome.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

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

Outcome 01: 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):

No actions were required from the previous inspection.

Findings:

A detailed Statement of Purpose was available to both staff and residents. It contained a statement of the designated centre's aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises. 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. The statement of purpose was found to meet the requirements of legislation.

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):

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

Findings:

Catherine McAuley House is a voluntary designated centre owned by the Sisters of Mercy. The provincial office is in Naas, Co Kildare. The provider nominee is a member of the congregation of the Sisters of Mercy and is based locally to the centre. There is a

clearly defined management system in place. There is a board of management made up of professional and lay personnel that are responsible to the trustees for the overall management of the centre. The board provide leadership and support to the provider nominee and the person in charge in senior management issues. Monthly board meetings are held which are also attended by the person in charge and CNM. The person in charge reports to the provider nominee, who attends the centre regularly and meets with all the residents. She also holds regular meetings with the person in charge and is available for advice and discussion on the phone.

The person in charge is supported in her day-to-day role by a CNM and a team of nursing and care staff who care for residents' nursing and medical needs. There is a catering and cleaning manager who the housekeeping and catering staff report to. Arrangements are in place for the CNM to take responsibility for the management of the centre when the person in charge is on annual leave or absent for other reasons.

The person in charge and the CNM were involved in the day-to-day management of the centre and demonstrated a clear commitment to delivering a quality service to residents. Involvement of relatives and the wider community was actively encouraged. The location and the enduring philosophy of care and openness enabled residents to maintain contact with the local community and vice versa. There were sufficient resources to ensure the delivery of safe, quality care services.

There was a system in place to ensure that the quality of care and experience of the residents was monitored and developed on an ongoing basis. A quality management system had been introduced and this included the weekly collection of clinical data, including weight loss, falls, pressure sores, wounds, infections and responsive behaviour. The quality management system also involved auditing of all aspects of the service. The inspector found that there was a monthly audit schedule and audits had been completed in areas such as 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.

Information pertaining to the governance and management of the centre, including the results of any audits, was presented to the Board of Management and a comprehensive annual review of the quality and safety of care delivered to residents had taken place as required on the previous inspection. There was consultation with residents in relation to same and a comprehensive annual report was seen to meet the requirements of 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.

Judgment:
Compliant

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. The inspector reviewed a sample of residents' written contracts which had been agreed within a month of admission. Each resident's contract addressed the care and welfare of the resident in the centre. The contracts clearly set out the services and the fees to be charged for services provided in the centre. However, the contracts did not detail the costs of any additional charges such as hairdressing, staff escorts to appointments and other services that incurred additional charges. The contracts also did not state the room to be occupied by the resident.

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:

Substantially 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 role of the person in charge was full-time and she had been person in charge of the centre for the last three years. The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance,

operational management and administration of the centre on a day-to-day basis. The inspector was satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations. There was evidence that the person in charge had a commitment to her own continued professional development and had recently completed a managerial qualification.

Staff, residents and relatives identified her as the person who had responsibility and accountability for the service and said she was approachable and were confident that all issues raised would be managed effectively.

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):
No actions were required from the previous inspection.

Findings:
Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The designated centre had updated and implemented 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 and these are reviewed and updated at intervals not exceeding three years as required by Regulation 4. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The person in charge informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Garda Síochána (police) vetting, references and all the requirements of Schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found

that they contained all of the information required under Schedule 2 of the regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall, records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:
Compliant

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:
There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The CNM who is in the post of CNM for a number of years was in charge when the person in charge is on leave. The inspector met the CNM during the inspection and she demonstrated an awareness of the legislative requirements and her responsibilities and was found to be a suitably qualified and very experienced registered nurse.

Weekend and out of hours cover alternate between the person in charge and CNM, with the provider nominee also available for additional support as required.

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 inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was ongoing and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. No notifiable adult protection incidents, which are a statutory reporting requirement to HIQA, have been reported and residents stated they felt very safe in the centre.

The Sisters of Mercy have internal systems to manage and protect the finances of all of the residents. One of the nuns from the convent beside the centre administers an allowance to residents weekly for their comforts, and each resident has a sister companion who acts as their advocate and will do shopping for the resident as required.

There was a policy on responsive behaviour and staff were provided with training in the centre on responsive behaviours along with dementia specific training. However, as evidenced by the training matrix, not all staff had received this training and other staff had training in 2012 which was not up to date. The person in charge said further training was scheduled for November 2017. The action for this is under Outcome 18: Staffing. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for a full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours and staff spoke about the actions they took. Care plans reviewed reflected the positive behavioural strategies proposed and ensured continuity of approach by all staff and person-centred de-escalation methods were outlined in residents' care plans.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was in line with national policy. On the previous inspection the inspector found that lap tables were being used as a form of restraint and no assessment was in place for their use. On this inspection, the inspector saw that lap tables were no longer used. Residents had been fully assessed by the occupational therapist and new chairs had been provided for residents' use which were very comfortable. These had pressure relieving properties and provided more support for residents. On this inspection, the inspector saw that an assessment form was in place, which identified what alternatives to bed rails had been tried to ensure bed rails were the least restrictive method in use. There were detailed reviews of bedrails and their suitability for the residents and for the bed. The inspector was assured by the practices

in place and saw that alternative measures such as low-profiling beds and alarm mats were being used to reduce the use of bed rails in the centre and further reduction was recommended by the inspector. Where bedrails were required for a resident, the inspector saw evidence that there was regular checking of residents, and discussion with the resident, family and GP.

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):

No actions were required from the previous inspection.

Findings:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire safety training was provided to staff in April 2017. The person in charge said they conducted regular fire drills; however, the inspector did not see any evidence of the documentation of same. A night-time drill had been undertaken with three night staff in October 2016 but other drills were generally included as part of fire training. The person in charge acknowledged that drills needed to be undertaken more frequently and details recorded regarding the evacuation process of the fire drill. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in June 2017. Fire alarm and emergency lighting had also been tested in June 2017. The inspector saw that detailed personal emergency evacuation plans had been completed and were readily available for all residents.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such as grab-rails in toilets and handrails on corridors. Keypads had been installed to areas where hazards were present such as in the kitchen, laundry and sluice rooms.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure ulcer formation. The provider has contracts in place for the regular servicing of all equipment and the

inspector viewed records of equipment serviced which were all up to date.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control, and staff who were interviewed demonstrated knowledge of the correct procedures to be followed. Infection control training was ongoing and staff demonstrated good hand hygiene practice, as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate and the inspector saw contracts were in place for same.

The health and safety of residents, visitors and staff was promoted and protected. The health and safety statement seen by the inspector was centre-specific and reviewed in February 2017. The risk management policy as set out in Schedule 5 included all the requirements of Regulation 26(1). The policy covered the identification and assessment of risks and the precautions in place to control the risks identified. It also included the measures and actions in place to control the following specified risks: 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm.

Records viewed by the inspector indicated that staff had received up-to-date moving and handling training. Hoists were serviced on a regular basis, as required by legislation, and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

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

Findings:
The inspector found that each resident was protected by the designated centre's policies and procedures for medication management. There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

All medication was dispensed from blister packs. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the

pharmacist were checked with the person in charge against the blister packs to ensure all medication orders were correct for each resident. Records of the medication and the quantity returned to the pharmacist were retained. Nursing staff transcribed medication. Transcribed medication was countersigned by a second nurse, in accordance with An Bord Altranais guidance on medication management, in each of the sample of records examined.

There was a system in place for reviewing medications on a three-monthly basis by the GP and pharmacist and this was documented in residents' notes. Medications that required crushing were seen to be prescribed as such and signed by the GP. 'As required' medications stated the frequency of dose, therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The prescription sheets reviewed were legible. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Medicines were being stored safely and securely in the clinic room which was secured and the medication fridge temperature was recorded daily.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records. However, medication competence assessment had not yet been introduced but the person in charge said she planned to implement same.

The pharmacist was involved in the reviewing the residents' medications on a regular basis and provided advice and support to the GP and staff. Audits of medication management were taking place by the pharmacist.

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:

There was evidence that residents could keep the service of their own general practitioner (GP) if they wished. 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 as required and the inspector saw two residents going out to an audiology appointment during the inspection. Residents' medical records were inspected and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. Residents' additional healthcare needs were met. Physiotherapy and occupational therapy services were available through a private company. The physiotherapist was seen in the centre on the first day of the inspection providing one-to-one physiotherapy to residents. Dietitian and speech and language services were provided by professionals from a nutritional company, who were also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company. Dental services were provided by a local dental clinic which residents went out to. Residents and relatives expressed satisfaction with the medical care provided.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency level, moving and handling, nutritional assessment and risk of pressure ulcer formation. These assessments were generally repeated on a four-monthly basis or sooner if the resident's condition had required it. Care plans were generally developed based on the assessments. The person in charge, CNM and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs. Overall, the care plans were seen to be very personalised, completed on the findings of the assessments and used to direct care. The person in charge said they had upgraded the care plans following the previous registration inspection and nurses were allocated responsibility for specific care plans. There was a system in place to assess that resident's nutrition was adequate and to identify if a nutritional risk was present. Residents were weighed regularly and weight changes upwards and downwards were highlighted and generally referred for opinion to a dietician. However, the inspector saw that one resident had sustained significant weight loss over a six month period and had not been seen by the dietician. The person in charge said that she was referred to be seen on the next dietician's visit but this was not reflected in her care plan nor were directions for more frequent weighing of the resident or augmentation of her diet prescribed. This was discussed in detail with the person in charge and provider, and they acknowledged the requirement to ensure the care plans were live documents directing care for all residents.

There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. Nursing notes were

completed on a daily basis.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. Residents, where possible, were encouraged to stay as independent as possible and the inspector observed residents moving freely around the corridors, in the garden and in communal areas.

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.

Judgment:

Substantially Compliant

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:

Catherine McAuley House is a purpose-built centre which provided a high standard of resident accommodation. The inspector found that the premises, fittings and equipment were very clean and well maintained. There was a good standard of décor throughout. Landscaped gardens and courtyards with seating were available for residents and relatives to use. 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.

Residents' 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. 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.

The provider had invested heavily in the premises in the last number of years and had put in place a new nurse call system, new signage, purchased new low-profiling beds, new falls prevention equipment and had upgraded the fire system. The enclosed garden area had been totally renovated. A special soft surface had been installed for residents' comfort and safety. Flower beds were colourful and plentiful. Retractable awnings had been installed which provided protection from the sun as well as providing outdoor space when the weather was not conducive to being outside. There was very easy access to the garden from the main corridor and residents were seen to enjoy the space from early morning and throughout the day.

There were suitable staff facilities for changing and storage. 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 on 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 and all said if they made a complaint they would be confident it would be resolved.

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 of review. There was no resident receiving end-of-life care at the time of inspection. Residents 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.

There was access to palliative care services if required from a hospice team. The person in charge 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. Members of the congregation stayed with residents who were at the end of their life praying with them and supporting them.

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 or other religious orders, were fully met. Blessing of the sick was offered to residents who were unwell. Residents who had passed were remembered at daily Mass. 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 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 received a good quality of service in the centre and their rights were well met. Management and staff were respectful to the residents and the inspector noted that the friendly, caring attitude of staff created a relaxed, calm and pleasant atmosphere.

As residents are all members of the congregation of the Sisters of Mercy or other congregations, they informed inspectors that their religious needs were of paramount importance to them and an important continuation of their previous lives. The inspector saw that the oratory was available for residents' quiet reflection. 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.

There was a pastoral care leader who looks after all the pastoral care needs of the residents. The residents had sister companions from the local community who assist residents with day-to-day social activities, do shopping for them and generally acts as an advocate for those who are unable to fully express their own needs. The inspector spoke

with residents who were very complimentary about the sisters who visited them. 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 in their bedrooms or in the visitors' room.

The inspector noted that residents' privacy was respected and promoted by staff who knocked and waited before entering residents' bedrooms. Doors were closed and curtains were fully drawn when personal care was being delivered. The inspector heard residents being addressed in an appropriate and respectful manner and residents said staff always treated them with kindness and respect.

Feedback was sought from residents via residents' surveys and residents' meetings. Residents' meetings were facilitated by the leader from the local congregation. Minutes were kept of such meetings. The inspector noted 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. Changes to meals and suggestions for activities and trips were all discussed at the meetings and minutes were maintained.

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. Communication needs were highlighted and pictorial communication aids were seen to be employed for a resident who was very hard of hearing.

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. A number of residents had gone on the local pilgrimage to Lourdes and others went for a holiday to the congregation houses accompanied by the sisters and or staff. 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.

There was a part-time activity co-ordinator who worked in the centre Monday to Thursday but worked other days if required. There was a very varied and interesting activity programme available, with art and crafts, quizzes and group exercises. Many of these took place outdoors in the beautiful garden area as the weather was so fine. This programme of activities was augmented by volunteers from the local community or congregation who were active in the centre. One volunteer was observed doing activities and Sonas with residents while another volunteer played the piano and held a lively music and singing session.

Birthdays were celebrated with cakes and one resident who was celebrating a very significant birthday had a vintage tea party where family friends and the local

community all attended. Overall, residents and relatives were very complimentary about the activities provided in the centre.

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):

No actions were required from the previous inspection.

Findings:

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. 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. There was evidence that staff knew residents' likes and interests and engaged with them in appropriate conversations. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

The inspector reviewed staffing rotas, staffing levels and skill-mix and was satisfied that there was sufficient staff on duty to meet the needs of the current residents. The person in charge conducted staff performance appraisals as part of her staff supervision and to develop staff skills. Records of regular staff meetings were viewed by the inspector which was seen to be comprehensive and discussed all aspects of the care and service provided.

A variety of professional development training records were viewed, including mandatory training for staff. The staff training and education records viewed by the inspector showed that nursing and care staff had attended manual handling, fire, elder abuse and responsive behaviours training. However as discussed in Outcome 7, not all staff had up-to-date training in responsive behaviours and this had also been identified on a previous inspection. Some of the nursing and care staff had attended training on dementia, end-of-life care, wound care, infection control, medication management, health and safety, continence promotion and a number of other relevant areas. The

inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence-based practice.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. A review of staff records showed that staff were supervised on an appropriate level and recruited, selected and vetted in accordance with best recruitment practices. There were a number of volunteers working in the centre and although all the volunteers working in the centre were Garda vetted and supervised, their roles and responsibilities were not set out in writing as required by the legislation.

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

Judgment:

Non Compliant - Moderate

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:

Caroline Connelly
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:	11/07/2017
Date of response:	11/08/2017

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 03: Information for residents

Theme:
Governance, Leadership and Management

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

The contracts did not detail the costs of any additional charges such as hairdressing, staff escorts to appointments and other services that incurred additional charges.

1. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

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

All contracts will be updated which will reflect the additional cost of any additional services. These changes will be communicated to the residents, their representative (s) and signed.

Proposed Timescale: 30/09/2017

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:

Fire drills were not held at suitable intervals in the centre.

2. 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 of fire.

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

A fire drill was conducted on the 17th of July with staff on duty. Fire drills will be conducted at suitable intervals independent of fire training and fire events which may take place in the home. These will be reflected in the fire register.

Proposed Timescale: 11/08/2017

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 inspector found that the care plan of one resident did not fully reflect her changing needs and therefore did not direct her care.

3. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Although the Residents Nutritional care plan reflected her weight loss in a holistic and person centred manner with consultation of the resident the care plan was further

updated to include a dietetic referral. A diet chart was also completed for three days in order to further assess her nutritional intake. This was reflected in the residents care plan.

Proposed Timescale: 11/08/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Not all staff had up to date training in responsive behaviours as is required by legislation.

4. 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:

Training has been taking place for 'Behaviours That Challenge' on an annual basis since 2015. The training which was planned prior to the inspection will take place for all remaining staff in November as planned with the local training centre.

Proposed Timescale: 23/11/2017

Theme:
Workforce

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

Although all the volunteers working in the centre were Gardai vetted their roles and responsibilities were not set out in writing as required by the legislation.

5. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

All volunteers participating in the organisation will have their roles and responsibilities agreed and set out in writing in conjunction with our policy and procedure on volunteers.

Proposed Timescale: 30/09/2017