Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	4

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 July 2019 10:30	01 July 2019 18:30
02 July 2019 08:00	02 July 2019 15:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection that focused on six specific outcomes of dementia care. In addition, the inspector followed up on progress of the action plan from the last inspection.

This was a voluntary service owned and run by the Sisters of Mercy and many of residents were religious sisters; the centre had recently accepted non-religious admissions and the ethos of welcome and integration was to the fore of care delivery. The sisters retained a strong presence in the centre and gave support to the service regarding all aspects of life including end of life care, and gaining residents' feedback about the service and possible areas for improvement.

The person in charge completed the self-assessment on dementia care and the

judgments of the self-assessment and the inspection findings are stated in the table above. The centre did not have a dementia specific unit and at the time of the inspection there were four people living in the centre with a formal diagnosis of dementia, six people with a diagnosis of cognitive impairment and four with no diagnosis but were symptomatic of dementia.

The inspector spoke with most residents in the centre. Care practices and interactions between staff and residents including those with dementia were observed using a validated observational tool. The inspector viewed that some residents required a high level of support and attention due to their individual communication needs and dependencies. All care staff had responsibility to help residents exhibiting aspects of responsive behaviours; observations demonstrated that staff actively engaged in a positive connective way to enhance residents' quality of life.

The inspector observed that staff were supervised to ensure that appropriate care was delivered. Staff were assigned to the dayroom and dining room throughout the day and evening to ensure residents had timely access to care and support.

Observations demonstrated a holistic approach to care that was individualised and respectful, however, care documentation to support and direct care required significant attention as it did not reflect the person-centred knowledge and support observed. The inspector found that residents' healthcare needs were met. Residents had access to general practitioners (GPs) and support services such as community psychiatric nurses, geriatrician, psychiatry, physiotherapy, pharmacist, palliative care, occupational therapy, speech and language therapy, dietician, chiropody, dental and ophthalmic services and community health services were also available. Observations showed that staff had an in-depth knowledge of residents and their life histories and their interests informed a meaningful activities programme.

The premises was bring, comfortable and pleasantly decorated. Residents had access to a lovely dining room, day room, activities room with new coffee doc, quiet seating area, small visitors' room and chapel downstairs, and large visitors' room upstairs. Orientation signage would enhance the positive findings regarding the premises and reduce possible anxiety and confusion for residents, including people with a diagnosis of dementia. There was no storage in the centre for equipment such as hoists.

A sample of staff files reviewed demonstrated that staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, prior to commencement of employment. Documents maintained in accordance with Schedule 2 relating to staff were comprehensive. Staff had up to date training including behavioural and psychological symptoms of dementia (BPSD).

There were policies and procedures in place in line with the requirements of Schedule 5 of the regulations. These were being updated at the time of inspection in compliance with the regulations. They had been updated previously to reflect the national standards 2018 and GDPR 2018. Nonetheless, some policies were not centre-specific to direct and inform care.

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: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Inspector was satisfied that residents had appropriate and timely access to medical and healthcare services including specialist nursing services, GP services, geriatrician, psychiatry, palliative care, physiotherapy, occupational therapy, speech and language, dental, ophthalmology and chiropody. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant and appropriate information was readily available and shared between services. Documentation showed good oversight of residents' screening programme and this was up to date.

The inspector attended the morning handover report from night duty staff to day duty staff. This provided a good overview of each resident's status and progress overnight, their fluid and food intake, and their responses to any treatment given.

Pre-admission assessments were completed by the person in charge and documentary evidence showed that residents and their families were involved in planning care and assessing care needs. The inspector tracked the journey of residents with dementia and also reviewed specific documentation of care such as nutrition, medication management, end-of-life care and management of responsive behaviours. Overall, care planning documentation including residents' 'Life Stories' required significant attention to direct and inform care, and ensure compliance with the regulations. While some care plans were developed that incorporated the information available, additional care plans were not developed to reflect other pertinent information. Many were not signed or dated.

The evidence-based direct observation behavioural tool Antecedent-Behaviour-Consequence (ABC) was available to staff should the need arise. While other validated assessment tools were used to support assessments and care, these were not consistently updated or completed in accordance with the regulations.

The inspector reviewed practices and documentation relating to medicines management in the centre. Medication rounds observed demonstrated a person-centred approach

that was resident-led. However, there were gaps in the medication administration record so it could not be determined if residents received their prescribed medications; other records showed medicines were administered twice during the day even though they were only prescribed it once a day; another administration record showed that a resident received three dosages of a medicine but was prescribed it just once a day. One medication solution was in use but had not been dated. The medication fridge was located in an unsecure area and it was not routinely locked. None of which was in keeping with best practice professional guidelines or regulations. The policy relating to medication management was not centre-specific to direct practice including the practice of transcription in the centre.

A review of incidents and accidents records required attention as these were not consistently completed in a comprehensive manner to determine whether issues were dealt with in line with best practice, for example, some entries did not indicate whether the next of kin had been informed following an accident; some did not indicate whether treatment was necessary or received. One shower room press contained many toiletries belonging to different residents that were not routinely brought back to residents' bedrooms following showers.

Meals and mealtimes were observed including breakfast, snacks, lunch and tea. The dining room was a lovely large room where tables were pleasantly set and menus were displayed on each table. Breakfast was a relaxed affair where residents came to the dining room throughout the morning, they were welcomed, offered choice, and lovely social engagement was noted. Residents were asked would they like to try a new recipe for smoothies and staff explained what they were and encouraged people to try them. Lunch and tea times were social occasions and assistance was provided in a discreet manner. During the inspection a new resident was admitted to the centre. The catering manager sat with the resident and chatted to ascertain the person's like and dislikes regarding food, meal times, where to dine and portion sizes; and gently encouraged the resident to come and try the dining room as the person was a little anxious regarding the new experience; and followed up later to see how the resident got on in the dining room experience.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
There were policies were in place for safeguarding vulnerable adults including

information relating to responsive behaviours and restrictive practice. Policies included assessment tools, behavioural support charts and restraint recording charts and these formed part of residents' initial assessments and on-going assessments.Records maintained showed oversight of usage of restraint including bedrails. A risk assessment was completed prior to using bedrails.

Staff were supervision in accordance with their roles and responsibilities. A healthcare assistant was rostered to the day room throughout the day and evening time to provide support to residents in a timely manner.

Signed consent was obtained from the resident, however, the 'photographic' consent form required review as it was not in keeping with legal requirements.

Residents' finances were discussed with the accountant. It was confirmed that the service was not a pension agent for any resident. At the time of inspection, the service did not maintain petty cash for any resident. Residents had lockable storage space in their bedrooms and were encouraged to use this for their valuables.

Personal information regarding personal evacuation plans were located in a press at the entrance to the centre alongside the fire evacuation notice and fire panel for easy access should the need arise.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
The values and Christian ethos promoted a culture of welcome and inclusiveness where the inherent value of individuals was respected. Minutes of meeting had reminders of the importance of welcoming new admissions to the community and promoting a culture of consultation was inherent in the process. Residents meetings were a valuable avenue for gaining feedback as many issues were raised here. In addition, one of the Sisters visited the centre in the evening to chat with residents and relatives and get additional feedback. Resident and relative surveys further elicited valuable information regarding the service and suggestions to improvement.

Observation demonstrated that staff knew people's life stories and used this information as part of active communication as well as de-escalation techniques when needed. People's interests informed the range of meaningful activities programme. Both days of

inspection were lovely sunny days and residents were observed strolling out to the beautiful enclosed garden, sitting and chatting with each other, their relatives and friends. This positively influenced the well-being of residents including people with a diagnosis of dementia.

Residents' surveys were completed with areas surveyed included food and the dining experience, hygiene, personal care and attention, ability to raise issues, laundry facilities, respect and dignity, religious needs, activities and entertainment, and welcome to visitors. Issues raised from feedback formed part of the clinical governance meetings and minutes from these meetings showed a resident-focused holistic approach to resolving issues.

Inspectors used a validated observational tool to rate and record, at five minute intervals, the quality of interactions between staff and residents in the centre. The observational tool was the quality of interaction schedule (QUIS). These observations took place in the day room, dining room, the quiet seating area and garden. Each observation lasted 30 minutes. Interactions observed were positive and kind, where staff positively engaged with residents and adapted their approach to reflect the individuality of each resident.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The complaints log was reviewed and this showed that 'big' issues were logged, investigated appropriately, issues were followed up and the outcome was recorded. Responsibility for oversight of complaints was assigned to the person in charge to ensure appropriate records were maintained in accordance with Regulation 34. A review of the complaints formed part of the clinical governance meetings. Smaller issues seemed to be raised at residents' meetings; minutes from these meetings demonstrated that concerns were timely and comprehensively addressed. In addition, the minutes of the clinical governance meetings demonstrated that feedback from the residents' meetings was discussed, responsibility assigned and issues were followed; outcomes were recorded including the satisfaction of residents.

The complaints policy was in place and a summary of the procedure was displayed in the seating area by the reception and in each resident's bedroom. The policy contained all the requirements as set out in the regulations including an independent appeals

process.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The registered provider representative lived nearby and provided ongoing support to the service. The person in charge full time and had the relevant experience and qualifications for the position of person in charge. She was involved in the governance, operational management and administration of the centre. Deputising arrangements were in place whereby the clinical nurse manager assumed responsibility when necessary. The inspector observed that residents and relatives were familiar with the person in charge and deputy person in charge.

A sample of staff files were reviewed. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were on file for staff. The requirements set out in Schedule 2 relating to staff were in place and were comprehensive in the sample viewed. References were routinely verified in line with best practice.

Staff were supervised appropriate to their role and responsibilities. Staff appraisals were in place and these informed staff training and education. A staff training schedule was in place for 2019 and this included mandatory and other pertinent training.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
Catherine McAuley House provided residential accommodation to 34 residents. It was a two-storey building with resident accommodation on both floors. There was lift and four stairs access to the upstairs. There were 17 single bedrooms and wash-hand basin upstairs along with 3 shower wet rooms with toilet and wash-hand basin, and an additional toilet; downstairs there were 11 single bedrooms with wash-hand basins and four had en suite toilet and wash-hand basin facilities; there were two twin bedrooms with wash-hand basins. There was one shower room with a bath, a second shower wet room, and both had toilet facilities; there were additional toilet facilities alongside the dining room and activities room. Communal areas comprised an activities room with new coffee doc, day room, and a smaller quiet visitors' room, and a chapel; there was a large bright seating area at the main entrance for people to enjoy. Residents' bedrooms were personalised in accordance with their wishes. There were curtains on the windows of each bedroom door to ensure residents' privacy. CCTV was in place and displayed only external exits, which was mindful of peoples' reasonable expectation of privacy.

There was a gorgeous enclosed garden with walkways, seating fountain and flowerbeds that could be accessed from many aspects of the centre.

However, there was no storage facilities for equipment and items such as hoist, rollator, wheelchair and weighing scale and trolley were around the corridor by the nurses' station. Doors to sluice rooms did not close effectively and clinical waste was stored here, enabling unauthorised access.

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:

Breeda Desmond
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 report[1]

Centre name:	Catherine McAuley House
Centre ID:	OSV-0000413
Date of inspection:	01/07/2019
Date of response:	26.07.2019

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 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The medication management policy was not centre specific to direct and inform care.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them

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

in accordance with best practice.

Please state the actions you have taken or are planning to take:
An updated medication management policy is currently being generated and this will reflect fully the centre's current practices.

Proposed Timescale: 31/07/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While some care plans were developed that incorporated the information available, additional care plans were not developed to reflect other pertinent information.

2. 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:
Updated training in Care planning will take place which will further support Nurses in completing care plans as per the NMBI (Nursing and midwifery Board of Ireland) and HIQA requirements.

Proposed Timescale: 31/08/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Overall, care planning documentation including residents' 'Life Stories' required significant attention to direct and inform care, and ensure compliance with the regulations.

While validated assessment tools were used to support assessments and care, these were not consistently updated or completed in accordance with the regulations.

3. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Any assessment tools which were identified as being out of date are being reviewed and updated. The importance of updating these assessments in accordance with the regulations will be highlighted as part of the Care planning training session.

As outlined previously, Care plans are currently being revised further to ensure that all observed interventions and outcomes are documented clearly for all residents.

Updated training in Care planning will also take place which will further support Nurses in completing care plans as per the NMBI (Nursing and midwifery Board of Ireland) and HIQA requirements.

Proposed Timescale: 31/10/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Many nursing care documents were not signed or dated.

A review of incidents and accidents records required attention as these were not consistently completed in a comprehensive manner to determine whether issues were dealt with in line with best practice, for example, some entries did not indicate whether the next of kin had been informed following an accident; some did not indicate whether treatment was necessary or received.

One shower room press contained many toiletries belonging to different residents that were not routinely brought back to residents' bedrooms following showers.

4. 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:
Nurses have been reminded that good record keeping is part of the professional and legal accountability of registered nurses . Nursing documentation will be audited more routinely in the future which will identify any noncompliance issues which will be communicated back to staff in order to highlight poor practices if any and improve documentation practices going forwards.

A medication error log book is available in the nursing home , separate to the incident and accident report log.

Staff have been reminded to return toiletries belonging to residents to their rooms after personal care has been given.

Proposed Timescale: 02/08/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in the medication administration record so it could not be determined if residents received their prescribed medications; other records showed medicines were administered twice during the day even though they were only prescribed it once a day; another administration record showed that a resident received three dosages of a medicine but was prescribed it just once a day. One medication solution was in use but had not been dated. The medication fridge was located in an unsecure area and it was not routinely locked. None of which is in keeping with best practice professional guidelines or regulations.

5. 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:
The PIC intends to carry out a more robust audit of the medication administration process and the documentation of medication will also be audited on a more regular basis. It will be highlighted to Nurses that records maintained must clearly reflect what medicines have been administered.

Some medication Kardex were updated (as they were due) on the day of the inspection therefore the (MAR) medication Administration Record may have differed from previous days .

Proposed Timescale: 31/08/2019

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no storage facilities for equipment and items such as hoist, rollator, wheelchair and weighing scale and trolley were around the corridor by the nurses' station.

Doors to sluice rooms did not close effectively and clinical waste was stored here, enabling unauthorised access.

6. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The registered provider nominee has met with the relevant building personnel and a plan to update the building structure to further meet the needs and enhance the wellbeing of the residents and satisfy regulation (17)2 has been put into place. Building works commence in September .

Proposed Timescale: 31/01/2020