



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Caherass Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Caherass, Croom, Limerick
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0000411
Fieldwork ID:	MON-0041406

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Caherass Nursing Home is a purpose-built facility situated on a landscaped two-acre site in a rural setting, just outside the villages of Croom and Adare, 15 minutes from Limerick City. It is registered to accommodate a maximum of 50 residents. It is a two storey building and the bedroom accommodation comprises 48 single rooms all with en suite facilities of toilet and hand basin, and 1 twin room with shared en suite facilities. Additional bath and toilet facilities are available throughout the centre. Communal spaces comprise dining areas, day room/lounge, quiet room, balcony, smoking room and hairdressers. Caherass Nursing Home provides 24 hour nursing care for male and female dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care whose dependency range from low to maximum care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 September 2023	10:00hrs to 17:30hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The overall feedback from residents living in the designated centre was that they were happy with the care they received with one resident telling the inspector, 'we are spoilt!'. Other positive comments heard were 'the standard is very high'. The inspector also spoke with a resident who expressed that they had 'no regrets' about coming to live in the centre.

This was an unannounced inspection which was carried out over one day. Upon arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector spent time walking through the centre giving an opportunity to meet with residents and staff.

Caherass Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is a two storey building situated in a rural area in Caherass, Co Limerick. The designated centre is registered to provide care for 50 residents. On the day of this inspection, there were 48 residents living in the centre. Resident accommodation was provided over two floors in 48 single and one twin bedroom. Access between floors was by stairs and passenger lift.

The centre was homely and well furnished throughout. There were three sitting rooms provided in the centre, to ensure residents had sufficient comfortable communal spaces in which to congregate and meet with each other and with their visitors. Residents had unrestricted access to a well maintained enclosed garden area, which was accessible from a communal sitting room on the ground floor. This area had been refurbished since the previous inspection and the inspector noted that a number of residents availed of this space throughout the day. Residents sat outside enjoying the sunshine and a member of staff provided residents with refreshing drinks. The area contained seating for resident use and was decorated with colourful raised flower beds.

Dining rooms were located on both floors of the centre, daily menus were displayed and the inspector observed that residents were offered a choice of meals. Residents were very complimentary regarding the choice of food and the quality of meals offered to them in the centre. Several residents told the inspector that the food was 'excellent'.

There were three sitting rooms on the which were well used throughout the day. The inspector was greeted by a group residents who were playing a lively game of cards in a sitting room on the first floor. Residents were very engaged and appeared to really enjoy this activity. The inspector also spent time in a sitting room known as the 'quiet room' and residents who could express a view informed the inspector that they were content to spend time in this room. Residents were noted to be relaxed and one resident was observed watching a rugby match on a tablet device and they informed the inspector that they were enjoying. The inspector also

spoke with residents who chose to spend time in their bedrooms, reading and watching television and resting in bed. Several residents informed the inspector that this was their preference and that they were comfortable.

As the inspector walked through the centre, they observed that residents bedrooms were personalised, with items of significance, including soft furnishings, photographs and ornaments. Residents had access to call bells and televisions in all bedrooms. The inspector noted that bedrooms were cleaned to a good standard and well laid out. Communal rooms were bright and well furnished. Overall, the premises was clean and well maintained. However, the inspector noted that some wall and floor surfaces were in need of repair. Additionally, there was a lack of suitable storage for items such as laundry skips, which were observed to be stored in resident communal bathrooms.

Information for residents including an activities schedule and details regarding advocacy services was displayed in the reception. The weekly activity schedule included art, baking and exercise classes.

The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and independence.

There was sufficient space for residents to meet with visitors in private, and a number of residents were seen receiving visitors during the inspection.

The inspector observed the staff interacting with residents during the inspection. Residents called the staff by name and were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Staff used these opportunities to engage with residents and were overheard having polite and pleasant conversations. Several residents informed the inspector that they felt they could speak to staff and management about the service they received and believed their views were listened to.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also focused on the action taken by the registered provider to address issues of non-compliance with the regulations found on the last inspection in August 2022.

The inspector found that the quality and safety of services provided to residents living in this centre were of a good standard. The governance and management was well organised and there were effective oversight systems. The inspector found that the provider had addressed most of the actions from the previous compliance plan, however further action was required to bring the centre into full compliance with Regulation 17: Premises and Regulation 28: Fire precautions.

Mowlam Healthcare Services Unlimited Company is the registered provider for Caherass Nursing Home. The Chief Executive Officer (CEO) of the company represents the provider entity. The person in charge was supported in their role by a regional healthcare manager and a director of care services in the senior management team. Within the designated centre, the person in charge was supported by a clinical nurse manager (CNM) and a team of nurses, health care assistants, activity, administration, maintenance, domestic and catering staff. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

There were effective management systems in place to oversee the service and the quality of care, which included a comprehensive programme of auditing in clinical care and environmental safety. The inspector viewed a sample of audits which effectively identified areas for quality improvement. There was evidence that quality improvement plans were implemented. For example, a nutritional audit carried out in July had identified the need for the provision of a daily fruit portion, and the inspector noted that this was served to all residents on the afternoon of the inspection. There was evidence of regular management meetings within the centre, and records showed that these meetings were used to review key clinical and operational aspects of the service. Quality improvement initiatives, such as falls reduction plans, were discussed at meetings and the inspector observed that a 'safety cross' was displayed in the reception area of the centre. This symbol was used to alert staff of any recent falls and the location of the fall within the centre.

There was a training programme in place for staff, which included mandatory training such as safe-guarding and fire safety training, as well as other areas to support provision of quality care. The inspector found that staff had completed training in the areas required by the regulations, as well as training in topics such as food safety, restrictive practice, and the care of residents with dementia .

The inspector reviewed a sample of four staff files and found that they contained all of the information required by Schedule 2 of the regulations. All nursing staff had up-to-date registration with the Nursing and Midwifery Board of Ireland. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. All notifications required to be submitted to the Chief Inspector were completed in accordance with regulatory requirements.

An annual report on the quality of the service had been completed for 2022 which had been done in consultation with residents and set out the service's level of compliance, as assessed by the management team.

Regulation 15: Staffing

On the day of the inspection, there were sufficient staff on duty to meet the assessed needs of the 48 residents who were living in the designated centre

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

There were systems in place for the supervision and support of all staff.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintained a directory of residents which contained all of the information required by Schedule 3(3) the regulations.

Judgment: Compliant

Regulation 21: Records

Information management systems were in place to ensure records were held securely. A sample of staff personnel files reviewed contained the information as required by Schedule 2 of the regulations.

Records as required under Schedule 3 and 4 of the regulations were maintained securely in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance in place to protect against injury to the residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There was a clearly defined management structure and staff were clear about reporting structures.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety.

An annual review of the quality of the service in 2022 had been completed. This was aligned to specific standards of care and included details of quality improvement initiatives that were planned for 2023.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Residents reported satisfaction with the quality of the service provided. Although some action was required to bring the premises, and fire safety into compliance with the regulations, the centre was homely and there was a welcoming atmosphere.

Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as wounds, falls and infection were well monitored. Resident care records were recorded in a electronic system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the resident being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and noted that care plans were well detailed to

guide care, and they contained information that was holistic and person-centred. Care plans were seen to be reviewed every four months or as changes occurred, in line with regulatory requirements.

Residents expressing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported and behaviour support care plans were sufficiently detailed to guide staff. A restrictive practice register was maintained in the centre. There were no bed rails in use in the centre. Staff demonstrated a commitment to minimal use of restraint, and practices and procedures were in line with the national restraint policy guidelines.

The inspector found that overall, the premises was clean and well maintained. However, there was a lack of suitable storage in the centre and further actions were necessary to bring the premises into compliance.

There was up-to-date records in place to monitor fire safety in the designated centre which included the maintenance of fire equipment and of fire detection equipment. Staff were familiar with the fire procedure and had attended fire training and participated in simulated evacuations. However, further action was required to ensure that there were sufficient arrangements in place for the safe evacuation of residents in the event of a fire emergency. This is discussed under Regulation 28: Fire Precautions.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and there was evidence that issues of concern raised by residents were generally progressed. Residents had access to local and national newspapers, televisions and radios.

Measures were in place to safeguard residents from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education. The provider was a pension agent for four residents.

There were flexible visiting arrangements in place, visitors were observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

Visits were facilitated and residents were able to meet with their families and friends in line with their wishes.

Judgment: Compliant

Regulation 17: Premises

A review of the premises confirmed that the following areas were not kept in a good state of repair as required under Schedule 6 of the regulations:

- Cracked wall tiles were visible in two assisted bathrooms and a house-keeping room.
- Floor surfaces were damaged in a resident communal bathroom and sluice room.
- Grab rails were not fitted at the sink in an assisted resident bathroom.

There was a lack of suitable storage in the centre, this was evidenced by the following findings;

- Linen skips and resident hoists were observed to be stored in residents communal bathrooms which posed a risk of cross- contamination.
- Resident activity supplies were being stored in a male staff changing facility.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the building was found to be clean. The inspector reviewed a sample of cleaning records which confirmed that the centre was cleaned daily.

Infection prevention and control measures were in place. Staff had access to appropriate infection control training.

Judgment: Compliant

Regulation 28: Fire precautions

A record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centres largest fire compartment in the event of a fire in the centre during the night.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. A full range of other health care-related services were available for the residents in the centre. These included physiotherapy, occupational therapy, dietetic services, tissue viability and palliative care services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspector that they had choice about how they spent their day. The inspector observed that residents' privacy and dignity was respected.

Residents had access to radio, television and newspapers, and to the internet.

Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis. There was an independent advocacy service available to residents living in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherass Nursing Home OSV-0000411

Inspection ID: MON-0041406

Date of inspection: 07/09/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The PIC will ensure that the centre is in compliance with national Infection Prevention & Control standards in relation to the safe and appropriate storage of resident equipment, taking care that this does not adversely impact on residents’ safety or living spaces. • The PIC and Facilities Manager will ensure that damaged flooring will be repaired and/or replaced. • The PIC and Facilities Manager will ensure that grab rails will be fitted at the sink in the assisted resident bathroom. • Linen skips and resident hoists will be removed from the residents’ communal bathrooms and alternative appropriate storage space will be provided. • Alternative appropriate storage space has been identified for the storage of resident activity supplies and these will no longer be stored in the male changing room. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Emergency evacuation drill was completed on the 13/09/2023 with the night staff. The drill incorporated the largest compartment and identified time frames for safe evacuation and improvements required. • The PIC will ensure that regular night-time drills will be completed and will assess the knowledge and awareness of staff throughout the drill, identifying reflective learning and implementing recommended improvements. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2023