



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

Issued by the Chief Inspector

Name of designated centre:	Catherine McAuley House
Name of provider:	Congregation of Sisters of Mercy South Central Province
Address of centre:	Beaumont Woods, Beaumont, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	20 June 2022
Centre ID:	OSV-0000125
Fieldwork ID:	MON-0037223

About the designated centre

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

Catherine McAuley House is a purpose-built nursing home which opened in April 1996 and was extended in 2014 to improve the facilities and quality of care provided to residents. The nursing home is registered for 35 residents and the registered provider is the Congregation of Sisters of Mercy South Central Province. The centre can accommodate female residents over the age of 18 with a variety of care needs. This includes residents requiring long term residential care, respite and convalescence care.

The centre is a single-storey building, with 35 single en-suite bedrooms. Communal areas available to the residents include a dining room, two large sitting rooms and an enclosed courtyard garden. The philosophy of care is based on the concept of holism and on the rights of the person. The standards are underpinned by the belief that each person must be treated with dignity and respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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
Monday 20 June 2022	09:00hrs to 17:00hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

During the day of the inspection, the inspector observed a lovely sense of comradery between the residents living in the centre. Many kind and warm interactions were observed between residents and staff, and the care provided by staff was seen to be person-centred. Residents spoken with said that they were content living in the centre, with one stating that there was a 'great community spirit' in the centre. Due to a recent COVID-19 outbreak in the centre, residents had been required to spend time isolating in their bedrooms. During the inspection, the inspector spoke with a group of six residents in the garden, many of whom expressed delight to be out of isolation, stating that they were enjoying reconnecting and chatting with each other again.

On arrival to the centre, the inspector completed infection prevention and control measures, which included hand hygiene and the wearing of face masks.

The centre is made up of four units set out over one floor. Wide corridors were clear of obstruction and fitted with hand rails to facilitate residents to mobilise independently throughout the centre. There were a number of communal areas in the centre, which were observed to be nicely decorated and comfortably furnished, creating a homely atmosphere for residents. The seating in these areas had been thoughtfully arranged to encourage social interactions between residents in both small and large groups. The person in charge informed the inspector that many residents enjoyed reading and there was a library area available to them, that was well-stocked with reading books, daily newspapers and DVDs that focused on the interests of the residents.

Many communal areas offered views into the two generously sized internal courtyard gardens. Residents had safe and easy access to these gardens, which were observed to be well-maintained, neatly landscaped and furnished with garden ornaments and furniture sets. The inspector observed a BBQ in the garden, and was informed that it was used to prepare food during summer garden parties.

There were 34 residents living in the centre on the day of the inspection. All bedrooms were single occupancy with an ensuite bathroom. They were observed to be bright, comfortable spaces and generously furnished with a wardrobe, lockable drawer space for the storage of resident's clothes and personal possessions, and a desk and chair for residents to write and correspond at. Some bedrooms opened into the large internal gardens and all had large windows which allowed plenty of natural light into the rooms. Bedrooms were observed to be personalised with artwork and photographs to reflect the resident's life and interests. Residents spoken with were very satisfied with their bedroom spaces, with one resident describing their room as 'very comfortable and beautiful'.

The inspector spoke with six residents and spent time observing residents' daily lives in the centre in order to gain insight into the experience of those living there. The

residents spoken with during this inspection told the inspector that enjoyed freedom of choice living in the centre, with one resident reporting that although they were only recently admitted to the centre, they had adjusted well to living there and that it felt 'like home'.

Residents spoken with were highly complimentary of the staff, saying that they were 'very attentive', 'the best' and 'never refused you anything'. The person in charge was well known to residents, and residents were observed to be at ease in their company and enjoy chatting to them. Residents reported that, when they requested assistance, staff were quick to respond to their need. Staff were observed providing kind, gentle and unobtrusive care to the residents, and that they were familiar with residents' needs and preferences.

Residents were well supported to practice their faith and religion, which formed a central part of their day. There was a large, bright oratory in the centre, in which residents could attend live daily mass and celebrate their faith.

Visitors to the centre were checked for symptoms of infection at the reception area and were requested to practice hand hygiene and wear a mask. Residents could receive visitors in their bedrooms, a dedicated communal room or in the gardens.

Throughout the COVID-19 pandemic, the centre had been split into two sides, each with its own designated staff, activities schedule, sitting and dining areas. This system had recently ended, and many of the centre's residents were observed to enjoy taking their meals together in a large bright dining room. It was observed to be a social and relaxed occasion, with dining tables nicely dressed with clean simple table cloths and small vases of flowers. The lunchtime meal was observed to be wholesome and nutritious.

A dedicated activities staff member led an activities schedule that was tailored to residents' preferences. Residents reported that they had enjoyed a number of musical events organised for them over the last year, such as a live Irish dancing performance and live piano performances. The person in charge had also organised for small groups of secondary school children to meet and chat with residents in the centre. One resident reported that they enjoyed these interactions and that it 'was a bit of fun'. Overall, residents reported that they enjoyed the activities on offer. Residents could also avail of a fortnightly hairdressing service in the centre. A resident's newsletter was published every 4 months to inform residents of upcoming birthday and seasonal celebrations and religious feasts. It was also seen to contain puzzles and positive affirmations for resident's enjoyment.

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

The governance structure in the centre was clear, with each member of the management structure having clear roles and responsibilities. There were systems in place which promoted good quality care for residents. However, the findings of this inspection were that some action was required in care planning, the oversight of environmental restraints in use in the centre and in the oversight of infection control procedures in the centre.

Catherine Mc Auley House is operated by the Congregation of Sisters of Mercy South Central Province who is the registered provider. The person in charge was well supported to oversee the centre's services by the registered provider representative. The inspector observed, that the registered provider had allocated adequate resources to the centre in terms of staffing, equipment and facilities. The PIC was also supported in her role by a full-time assistant director of nursing, a part-time Clinical Nurse Manager, a team of nurses and healthcare assistants and a catering and domestic team.

The designated centres' operations were also overseen by an Advisory Committee, who met with the person in charge to ensure that a sustainable service was being provided to residents.

This unannounced inspection was carried out to follow up on a recent outbreak of COVID-19 in the designated centre. On the day of the inspection, most residents had completed their required period of isolation. The inspector saw that the centre's contingency plans for COVID-19 had been successfully implemented by the management team and staff.

There was a well-established management team in the centre. The registered provider representative meets with the person in charge and assistant director of nursing monthly, which ensured that the registered provider maintained good oversight of service provided. Records of management meetings showed that discussed risk, staffing, staff training, complaints, accidents or incidents, and infection prevention and control were discussed, and were appropriately escalated and actioned. Quality improvements plans such as bedroom renovations were also discussed and agreed on.

The inspector saw that the person in charge had a comprehensive clinical auditing system in place and also completed environmental audits on the facilities in the centre, every two months. Audit results were discussed at the monthly management meetings. The registered provider had an updated Safety Statement in place, which had assessed all health and safety risks identified in the centre.

Overall, there were established robust management systems in place in the centre. However, the inspector observed that the system of documenting cleaning to be completed and also cleaning that had been completed required review. This is further discussed under Regulation 37: Infection control, in this report.

The registered provider had completed an annual review of the service for 2021, which included quality improvement plans for 2022 such as the refurbishment of 14 bedrooms and supplementary training for staff to improve the quality and safety of

care provided to residents. The review had been prepared in consultation with residents through a comprehensive survey on the service completed in December 2021.

The centre's staffing rosters for the week prior to, week of and week following the inspection were reviewed, and both day and night staffing levels were examined. The inspector observed that there were sufficient staff on duty to meet the assessed needs of the residents in the centre. At the time of inspection, a COVID-19 outbreak had just closed in the centre. The inspector saw that the person in charge had rostered an additional healthcare assistance for the week, to provide additional mobility and nutritional support to the residents recovering from a diagnosis of COVID-19.

All staff had completed the mandatory training courses including safeguarding vulnerable adults, manual handling fire safety. The person in charge had also ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE. There was evidence of ongoing refresher courses with good levels of attendance. Staff were well supervised by the nurse management team over seven days of the week.

The inspector reviewed three contracts for the provision of services and found that they were in line with the regulations. Each clearly specified the terms and conditions of the residents' residency in the centre and the fees to be charged for additional services.

The inspector reviewed the complaints registered for 2022 and 2021. The complaint details, the investigation completed, follow up communication and the complainant's level of satisfaction were recorded for each complaint logged. The person in charge had implemented some improvements to the service based on learning from complaints received, such as purchasing a microwave for the dining room to heat meals to residents' individual preferences and providing supplementary Dignity at Work training for staff.

Regulation 15: Staffing

Based on a review of staff rosters and discussions with residents, the staffing numbers and skill mix were appropriate to meet the support requirements of residents living in the designated centre.

There was at least two registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider had provided staff with access to refresher mandatory training courses including safeguarding vulnerable adults, manual handling and infection prevention and control.

There were systems in place for staff development and supervision, such as an induction programme and regular performance appraisals.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a well-defined governance and management structure in place, with key personnel having clear roles and responsibilities.

There were effective management systems in place which identified areas of the service in need of improvement, and to promote the delivery of safe, quality care to residents. Where actions were identified, a time bound plan had been developed with a responsible person assigned to complete it.

In consultation with residents, the registered provider had completed an annual review of quality and safety of the service for 2021, which included quality improvement plans for 2022.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed three contracts of care between the resident and the provider and saw that each clearly set out the terms and conditions of their residency in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy was up-to-date and the complaints procedure was clearly displayed. All complaints viewed had been appropriately managed. Residents

reported feeling comfortable with speaking to any staff member if they had a concern or any issue to raise.

Judgment: Compliant

Quality and safety

Overall the inspectors found the care and support provided to the residents of this centre to be of a very good standard. Care was person-centred, and residents' rights and choices were upheld and their independence was promoted. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents. Residents were observed to be happy and content on the day of the inspection.

Residents' health and social care needs were assessed on pre-admission, and a variety of evidence based clinical tools were then used to further assess the resident's needs, including mobility, communication, nutrition and skin integrity, on admission. Person centred care plans were then developed to meet these needs. However, the inspector saw that although residents' care plans were reviewed every four months, they were not always updated as and when resident's needs changed. This is further discussed under Regulation 5: Individual assessment and care plan, below in this report.

Residents had good access to a General Practitioner (GP) who visited the centre twice weekly, and this service was available at other times if required. The inspector saw evidence of GP and allied health interventions in residents' records. Physiotherapy services were available twice per week for half day sessions, to promote residents mobility and well-being. Other allied health services were accessed by residents via referrals to external agencies including occupational therapy and tissue viability nursing. All residents had been provided with the opportunity to avail of relevant vaccines and booster vaccines.

The inspector reviewed the records of one resident with responsive behaviours (how a resident who is living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plan was detailed and person centred, and described the behaviours and potential triggers for the resident's behaviours and identified strategies to guide staff to help the resident feel less distressed. The records also showed that psychotropic medication had been prescribed for administration to the resident when needed, but that it had not been administered as other less restrictive measures, employed by staff, had been effective.

The inspector saw that there was low levels of physical restraint being used in the designated centre. However, the use of infra-red monitors for six residents, used to alert night-time staff when residents moved from their beds, had not been

recognised by the management team as a form of restraint. This was discussed with the management team on the day, who provided assurances that their use would be immediately reviewed to ensure that it was used in accordance with national policy.

A visiting policy was in place, which included the most recent public health guidance, and infection prevention and control procedures were followed by all visitors on arrival to the centre. The registered provider ensured that visits by residents' family and friends were facilitated over seven days of the week, and residents were able to receive their visitors in a number of locations including their bedroom, a sitting room and the garden.

An activities co-ordinator led an activities schedule Monday to Friday, while care staff provided activities at weekends. Planned activities were tailored to meet the residents' preferences and capabilities, and included bingo, flower arranging and ball games. However, a review of the residents' committee meetings showed that some residents would like to avail of a greater variety of activities. This feedback had been noted by the provider and a review of the activities schedule had been identified as a quality improvement plan for 2022.

A priest attended the centre daily to celebrate mass and other religious services for the residents. The inspector observed that residents met regularly throughout the year to discuss the service provided to them, and that this meeting was well attended.

The registered provider had adequately resourced the centre with cleaning staff and equipment, and overall the centre was clean. Throughout the day, staff were observed to wear their personal protective equipment appropriately and the inspector saw that monthly hand hygiene audits were completed with good compliance results. The inspector saw that other infection prevention and control practices had been effectively implemented to manage and prevent infection in the centre, during the current COVID-19 outbreak, such as transmission-based precautions. The inspector also saw that the person in charge had developed cleaning schedules for most areas of the centre, that were to be completed daily, weekly or monthly as required, which were intended to ensure that the centre was adequately cleaned. However, some improvements were required in infection prevention and control practices in the centre. This are further discussed under Regulation 27: Infection control, below.

Regulation 11: Visits

The registered provider had suitable arrangements in place for residents to receive visitors. There were no restrictions on residents receiving visitors, and visits could take place in private in resident's bedrooms or in a sitting room dedicated to visiting.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required in the oversight of some infection control practices in the centre, which could impact on the safety of residents. For example,

- In one communal bathroom, there were unlabelled personal hygiene items available for use by any resident. This posed a risk of cross-contamination.
- In one sluice room, the hand hygiene sink was visibly dirty and there were inappropriate items, such as a large lid, placed in the general sink.
- The sluice rooms were not included on the cleaning schedules developed by the person in charge, and therefore there was insufficient oversight as to when they were cleaned.
- There were gaps in the Deep Clean schedule for residents' bedrooms, which the person responsible for oversight of this schedule had not identified or actioned. The person in charge could not provide assurances that these rooms had been deep cleaned, which could pose an infection risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, improvements were required to ensure that residents received the care and supports required to maximise their quality of life. For example:

- Following a fall that had resulted in a resident needing medical treatment, the resident's falls risk assessment had been updated as their risk of falling had increased. However, the resident's mobility care plan had not been subsequently updated to reflect the resident's changing needs.
- One resident had been reviewed by an occupational therapist, who had provided advice on how to increase the residents' mobility and independence. However, the resident's care plan had not been updated with this advice.
- The inspector saw that although the most recent advice from a Tissue Viability Nurse, for a resident with a pressure ulcer, was being followed, the resident's wound care plan had not been updated. The residents' daily care notes evidenced that the most recent advice was being followed by staff and the inspector was told that it was discussed by staff at the daily handovers.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a General Practitioner, and timely access to appropriate allied health services. Nursing interventions were well documented and residents' health progress was recorded in daily notes and clinical tools used to monitor their wellbeing.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was not assured that all restrictive practices were used in accordance with current national policy. The use of infra-red laser in the bedrooms of six residents, was not recognised by the registered provider as a form of restraint. Therefore, there was no assessments in place to inform their use, no consents obtained for their use and no clear oversight of their use and effectiveness.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre, and the inspector saw that the residents' privacy and dignity was respected. Residents told the inspectors they were well looked after and that they had a choice about how they spent their day.

The registered provider had provided facilities in the centre, for residents to engage in meaningful recreational opportunities. Residents were also supported to exercise their civil, political and religious rights, and had access to radio, television, newspapers and the Internet.

There was independent advocacy available in the centre and residents meetings were chaired by resident advocates.

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 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Catherine McAuley House OSV-0000125

Inspection ID: MON-0037223

Date of inspection: 20/06/2022

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All communal items removed from bathroom on the day of inspection and checked by cleaning staff on a daily basis.</p> <p>Daily and deep cleaning schedules to reviewed and updated to ensure all areas reflected and to allow for clearer documentation of areas cleaned.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans to be reviewed following assessment by Allied health professional, post fall and as resident's conditions changes and this will be monitored by the CNM and ADON on a weekly basis.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing</p>	

behaviour that is challenging:

Restraint policy to be reviewed and updated to ensure reflects current national legislation. All resident with infra-red lasers will have the required assessment, consent, documentation and evidence of their effectiveness put into care plans.

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/08/2022

Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/08/2022
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