

Health Information and Quality
Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Catherine McAuley House Nursing Home	
Centre ID:	0413	
Centre address:	Old Dominic Street	
	Limerick	
Telephone number:	061-315313	
Fax number:	061-315455	
Email address:	eileen.sweeney@mcauleyhouse.ie	
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public	
Registered providers:	Sisters of Mercy	
Person in charge:	Eileen Sweeney	
Date of inspection:	1 June 2011	
Time inspection took place:	Start: 17:00hrs	Completion: 18:00hrs
Lead inspector:	Caroline Connelly	
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection	

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Catherine McAuley House is a purpose-built, two-storey designated centre which was opened in 1994. It provides long-term, respite and convalescence care mainly to residents over the age of 65 years and to residents with dementia. Places are only available to members of the congregation of the order of the Sisters of Mercy. It is registered for the care of 33 residents and there were 32 residents living there on the day of inspection, this number included one resident under the age of 65.

Resident's private accommodation consists of 31 single bedrooms and one twin-bedded room. Fifteen bedrooms are upstairs and the remaining 17 bedrooms which include the twin-bedded room are downstairs. Four of the single bedrooms have en suite toilet and wash-hand basin facilities. Residents have access to nine toilets which includes three wheelchair accessible toilets on the first floor and five on the ground floor, a number of these are in close proximity to resident communal areas such as the sitting and dining rooms. There are three assisted shower rooms and two assisted bathrooms available for residents' use.

Communal accommodation includes a large community sitting room, a dining room, a small room for visitors, a quiet area overlooking the garden, a recreation room and a beautiful oratory downstairs. Upstairs has a large sitting room and kitchen area for residents' use. Also downstairs there is a treatment room. Staff changing facilities are located upstairs. A lift and a number of sets of stairs provided access to the first floor.

Car parking is available to the side of the building and closed-circuit television (CCTV) is in operation outside the building. The local convent for the order of the Sisters of Mercy is next door to the designated centre and allows easy access for the congregation to visit and participate in the care of the residents.

Location

Located in the centre of Limerick city close to King John's Castle, this city centre location enables a number of residents to walk into town or to the nearby shops and amenities. It also enables easy access to attend outpatient appointments in nearby hospitals and clinics.

Date centre was first established:	12 December 1994
Number of residents on the date of inspection	32*
Number of vacancies on the date of inspection	0

* Plus 1 resident in hospital

Dependency level of current residents	Max	High	Medium	Low
Number of residents	14	11	7	0

Management structure

Catherine McAuley House is a voluntary designated centre owned by the Sisters of Mercy. The Registered Provider is Sr Anne Doyle who is based in the provincial office in Naas, Co Kildare. Eileen Sweeney, the Director of Nursing is the Person in Charge and reports to the Registered Provider. There is also a Board of Management made up of professional and lay personnel that provide leadership and support to the Person in Charge.

The Person in Charge is supported in her day-to-day role by a Senior Staff Nurse 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, she in turn reports to the Person in Charge. Arrangements are in place for the Senior Staff Nurse to take responsibility for the management of the centre when the Person in Charge is on annual leave or absent for other reasons.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on the afternoon of inspection	1	2	2	2	1	0	1*

*1 Activities Coordinator

Background

Catherine McAuley House was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 9 June 2010 and 10 June 2010. This was a registration inspection and the inspectors found that overall Catherine McAuley House provided a high standard of person-centred care in a clean and well-maintained environment. A number of improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The provider was required to complete an action plan to address areas where significant improvements and some improvements were required. A follow-up inspection took place on the 16 November 2010.

The chronology of the Authority's previous inspections is included at the end of this report.

Since the previous inspection a new person in charge had been appointed following the resignation of the previous person in charge. The new person in charge had been the deputy person in charge and the inspectors had met and interviewed her on the previous inspections. A fit person interview was conducted with her at the Authority's offices on the 19 April 2011.

This additional inspection report outlines the findings of a follow-up inspection that took place on 1 June 2011. The inspection was announced and focused on the action plan where significant improvements and some improvements were required from the registration inspection that had not been completed, outlined as points one to eight in this report.

Summary of findings from this inspection

The follow-up inspection was facilitated in a helpful and welcoming way by the person in charge and by the other staff on duty. The inspector arrived at 17:00hrs and found the centre was warm and clean. There was activity going on in the day room and residents were walking on the corridors. The person in charge, two nurses and two care staff and the activities coordinator were on duty. The inspector spoke to a number of residents who were all complimentary about the staff and the care they were receiving. Tea time commenced at 18:00hrs and the inspector saw the majority of the residents sat in the dining room for their tea.

The new person in charge had been the deputy director of nursing and was promoted following the resignation of the previous person in charge. She had settled into her role very well. The person in charge demonstrated her knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*, during the fit person interview that had been conducted previously and throughout the inspection. She displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of resident care, completion of satisfaction surveys and the provision of staff training.

The progress of the actions agreed with the provider to address the issues outlined in the report of the 9 June 2010 and 10 June 2010 and on the 16 November 2010 was reviewed. The inspector found that the actions outlined in the action plan from the 16 November 2010, and the outstanding issues from the previous inspection had been addressed with one outstanding.

The inspector saw that substantial work and renovation of the building had been undertaken to secure the stairway. The use of restraint had been substantially reduced and new assessment and care planning documentation had been introduced. Complaints were documented. Staff files had evidence of three written references and Garda Síochána clearance but evidence of medical fitness was outstanding for half of the employee's.

It was also identified on this inspection that the person in charge did not appear on the duty rota.

Issues covered on inspection

The issues from the action plan from the previous inspections were the main issues covered on the inspection. A further area was identified as outlined below which also required action by the provider.

1. Duty rota

The duty rota reviewed by the inspector did not include the person in charge. It also did not identify who was in charge of the centre in the absence of the person in charge and in the evening, night time and at the weekends.

Actions reviewed on inspection:

1. Action required from previous inspection:

The person in charge shall ensure that a written report is provided to the Chief Inspector at the end of each quarter in the event of the occurrence in the designated centre of incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Completed.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) have been reported in accordance with the requirements of the legislation. Quarterly returns were received and written notifications were received within three days of incidents as required by the legislation.

2. Action required from previous inspection:

The person in charge is to review the policy and practice and aim towards a restraint free environment for all residents. If restraint is to be used as a last resort the staff are to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.

This action was completed however, it is ongoing for aiming towards a restraint free environment.

The person in charge informed the inspector that they has been a substantial reduction in the use of restraint since the last inspection and the only form of restraint being used was bedrails and some of these were only on one side of the bed at the request of residents. The inspector reviewed the nursing documentation of residents using bedrails and saw that a full assessment for the need for restraint had been completed and that there was daily documentation of when restraint is in use, when

released and the checking of residents when bedrails are in situ. The person in charge said staff have a better understanding of the whole area of restraint, the need for full assessment and reassessment and they are aiming for a further reduction in the use of bedrails and ultimately a restraint-free environment. The inspector saw that in each resident file there was a discussion form for the need for restraint signed by the resident where possible or their relative/advocate signed by the prescribing nurse and general practitioner (GP).

3. Action required from previous inspection:

Provide elder abuse training to all staff to meet the needs and protection of the residents and to enable staff to provide care in accordance with contemporary evidence-based practice.

Completed.

All staff have now received elder abuse training using the HSE video "Recognising and Responding to Elder Abuse in Residential Care Settings" and general discussion. Training records viewed by inspectors confirmed this training had taken place and staff also confirmed same.

4. Action required from previous inspection:

Make certain that if nurses are transcribing medications they follow the guidelines set out by An Bord Altranais on medication management 2007 and that all transcribed prescriptions are also signed by the transcribing nurse.

Completed.

The inspector saw that the medication record had been amended to incorporate the role of the transcribing nurse and of the nurse who checks the transcribed transcription. The transcribing nurse, the checking nurse and the GP's signatures are now in place on the chart. The medication policy had been amended to take into account this change to practice and is now in compliance with An Bord Altranais Guidelines 2007.

5. Action required from previous inspection:

Ensure all reasonable measures to prevent accidents to any person in the designated centre, ensure the stairways are secure and risk assessments are completed for residents' use of them.

Completed.

The provider and person in charge had undertaken major structural work to ensure one of the stairways is safe. A portion of a bedroom had been removed to provide an

additional corridor which directed traffic away from the stairway enabling residents to walk the corridor without coming directly to the stairs. A door had been fitted to the top of the stairs which was kept closed at all times. The other stairways had doors at the top and the bottom which the inspector saw were now closed.

6. Action required from previous inspection:

Residents' assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and or his/her representative and other staff as appropriate.

Completed.

The person in charge informed the inspector that following the last inspection that they had introducing and implemented a new set of assessment and care documentation. The inspector reviewed the assessment and care plans of a number of residents and found them to be far more comprehensive and person-centred. There was a section for life history which was very detailed and staff said they felt the benefit of getting to know the resident better through this and through involving them or their relatives in the care planning process.

7. Action required from previous inspection:

Provide full and satisfactory information in relation to all staff in respect of matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Ongoing.

The person in charge informed the inspector that all references and Garda Síochána clearance were in for all staff. But medical fitness to work at the designated centre was still outstanding for half the staff.

8. Action required from previous inspection:

The record of all matters complained and any actions taken must be maintained in addition to, and distinct from, a resident's care plan.

Completed.

The inspector viewed the complaints book and there was evidence of complaints documented and actions taken. The person in charge told the inspector that this information was shared with all staff, so learning and changes to practice would be implemented as a result. There were not many complaints documented but residents informed the inspector that they have many avenues like the residents' committee and

advocacy through the pastoral leaders and open communication which generally resolves all issues.

Report compiled by

Caroline Connelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

9 June 2011

Chronology of previous HIQA inspections:	
Date of previous inspection:	Type of inspection:
9 June 2010 and 10 June 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
16 November 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to additional inspection report *

Centre:	Catherine McAuley House Nursing Home
Centre ID:	0413
Date of inspection:	1 June 2011
Date of response:	30 June 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The person in charge is failing to comply with a regulatory requirement in the following respect:

The person in charge did not feature on the staff rota and who was in charge of the centre at all times including weekends evenings and nights was not clear on the rosters given to inspector.

Action required:

Ensure that an appropriately qualified registered nurse is in charge of the designated centre at all times and in the absence of the person in charge, and maintain a record to this effect.

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

Reference: Health Act 2007 Regulation 15: Person in Charge Regulation 16: Staffing Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A qualified person in charge is included on the roster from 26 June 2011.	Implemented and ongoing

2. The provider has failed or is failing to comply with a regulatory requirement in the following respect: Not all staff personnel files had evidence of medicals and therefore do not meet all the criteria set out in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required: Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.	
Reference: Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All present and future recruitment of staff will comply with these regulations. Fitness to practise certificates are mandatory for all staff as and from now, 80% of all present staff now have medical fitness certificates and the remaining 20% are currently working on them.	31 August 2011

Any comments the provider may wish to make:

Provider's response:

Thank you for your continued monitoring of our nursing home. We are always happy to welcome you among us.

Provider's name: Anne Doyle

Date: 30 June 2011