

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007



Centre name:	Catherine McAuley House Nursing Home
Centre ID:	0413
Centre address:	Old Dominic Street Limerick
Telephone number:	061-315313
Email address:	eileen.sweeney@mcauleyhouse.ie
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Sisters of Mercy
Person authorised to act on behalf of the provider:	Sr Anne Doyle
Person in charge:	Eileen Sweeney
Date of inspection:	5 July 2012
Time inspection took place:	Start Time: 10:45hrs Completion: 17:30hrs
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Date of last inspection:	1 June 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements 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* under 18 outcome statements. The outcomes set out what is expected in designated centers.

Outcome 1 <i>There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>
Outcome 2 <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Outcome 3 <i>The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure</i>
Outcome 4 <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.</i>
Outcome 5 <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Outcome 6 <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Outcome 7 <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i>
Outcome 8 <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i>
Outcome 9 <i>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.</i>
Outcome 10 <i>Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</i>

<p>Outcome 11 <i>Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.</i></p>
<p>Outcome 12 <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Outcome 13 <i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Outcome 14 <i>There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Outcome 15 <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p>
<p>Outcome 16 <i>The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).</i></p>
<p>Outcome 17 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Outcome 18 <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>

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.

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and 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 the provider has applied for a variation in conditions to include another two beds in a newly converted twin-bedded room to increase the number to 35.

Residents' private accommodation consists of 31 single bedrooms and two twin-bedded rooms. Fifteen bedrooms are upstairs and the remaining 18 bedrooms which include the twin-bedded rooms are downstairs. Four of the single bedrooms have en suite toilet and wash-hand basin facilities. Residents have access to nine toilets which include 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 and dining facilities are located upstairs. A lift and a number of sets of stairs provide 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
Date of registration:	16 December 2011
Number of registered places:	33
Number of residents on the date of inspection:	30

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	10	10	8	2
Gender of residents			Male (x)	Female (✓)
			0	30

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 an administrator, a team of nursing and care staff who care for residents' nursing and medical needs. She also receives support from a member of the congregation, who had been a nurse manager in another centre and a member of the board of management. Arrangements were in place for this nurse to take responsibility for the management of the centre when the Person in Charge is on annual leave and she also covers alternative weekends for the Person in Charge.

There is a catering and cleaning manager to whom the housekeeping and catering staff report; she in turn reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	4	3	2	0	2*

* one massage therapist and one activities staff member.

Summary of compliance with 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*.

This report set out the findings of an announced inspection held on the 5 July 2012. This was Catherine McAuley House's fourth inspection by the Health Information and Quality Authority's Social Services Inspectorate and the provider had applied for a variation in their conditions of registration to increase the bed numbers from 33 to 35. This inspection took place over one day. As part of the inspection, the inspector met with residents, the person in charge, staff nurses and other staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints log, policies and procedures and staff files. The recently converted twin bedroom was viewed to ensure it met regulatory requirements.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements 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*. Residents' comments are found throughout the report.

In summary, the person in charge was involved in the day-to-day running of the centre and was committed to providing a good standard of person-centred care to residents. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time and numerous visitors were seen throughout the inspection.

The centre was finished to a high standard and there was appropriate use of color and soft furnishings to create a homely environment.

A number of improvements are 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 these areas.

These improvements included:

- updating the statement of purpose and function
- further auditing of the service provided
- more robust complaints management
- updating health and safety and risk management policies
- completing staff files
- updating contracts of care
- cover for the absence of the person in charge
- updating policies and procedures.

Compliance 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*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose and function was viewed by the inspector; it described the service and facilities provided in the centre. It identified the staffing and numbers of staff in whole time equivalents and also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. However, the statement of purpose required updating to reflect the changes to the key senior management structure and to include the acting up arrangements for the absence of the person in charge; it also needed to include the increase in bed numbers and the centre's registration details to ensure it met legislative requirements.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

There is an active residents' committee in place which allows residents to raise issues and bring forward their experiences and suggestions of the care and service provided; this will be discussed further in outcome 11.

The person in charge told inspectors that she spoke to residents daily to establish their experience of the services; this was confirmed by the residents and the inspector observed good interaction between residents and the person in charge. There was evidence of many changes that took place since the last inspection which included changes to breakfast and medication times allowing more choice for residents as to when they got up in the morning and when they had breakfast.

A number of audits had taken place; for example, ongoing audits of cleaning and housekeeping, an audit conducted by the pharmacist on medication management, and some trending which was completed on accidents and incidents. However, audits were not completed on a regular, consistent basis and used for the purposes of ongoing quality monitoring and continuous improvement.

The inspector requested a report to be submitted with the quarterly returns to the Chief Inspector in respect of any future reviews conducted and any changes implemented in relation to practices.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

There was a current written complaints policy available for residents and their relatives and the complaints process was outlined in the Residents' Guide and the contract of care.

The person in charge and staff spoken with conveyed a good understanding of the purpose of the complaints procedure. In practice, records of complaints were kept, with an independent appeals person nominated. The complaint log was viewed by the inspector but the documentation for complaints was not sufficiently robust in that it did not contain a record of any investigation undertaken, action taken, outcome of the complaint and whether or not the resident was satisfied, as is required by legislation.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Training records viewed by the inspector showed that staff had received elder abuse training on 10 May 2012 with a further date booked for 10 July 2012. Staff interviewed informed the inspector that they had viewed the Health Service Executive

(HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities.

Staff were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance of any form of abuse in the centre.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The person in charge informed the inspector that although there was a comprehensive safety statement, risk management policy and a large number of hazard identification sheets these all required review and updated training needs to be provided for staff on same.

Inspectors saw that there was a comprehensive log of all accidents and incidents that took place. Residents' accidents and incidents were documented in their nursing notes and the entries corresponded with the accident and incident log and with the reporting of accidents and incidents to the Chief Inspector as required by legislation.

The fire policies and procedures were centre-specific. There were notices for residents and staff on "what to do in the event of a fire" appropriately placed throughout and staff interviewed were aware of what to do in the event of fire. Fire training was provided to staff on numerous dates in 2011 and 2012. Inspectors saw records of the training and staff confirmed their attendance at same. Records of tests carried out on the extinguishers and equipment were seen and completed in June 2012. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and pressure sore development, continence, moving and handling.

A hand sanitizer was present at the entrance to the building and throughout resident and staff areas, there were hand washing signs up throughout.

The inspector viewed a cleaning trolley left on the corridor which contained a number of cleaning chemicals; there was no member of staff around and residents could have had easy access to these chemicals.

Outcome 6

Each resident is protected by the designated centre's policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The inspector observed a staff nurse on a medication round. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation. Photographic identification for residents was present. A copy of An Bord Altranais medication guidelines was readily available.

The person in charge informed the inspector that they had changed medication supplier and medication management system since the last inspection and were very happy with the new system which they felt enabled safer and more efficient medication administration. The inspector viewed that the medication trolleys were secured and the medication keys were held by the nurse in charge. The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift.

Medication management was the subject of audit by the pharmacist. The pharmacist had provided training on various aspects of medication management, for all nursing staff and they were responsive to the training requirements of the staff and the centre for the future.

The medication policy was viewed but it required updating to reflect changes to the centre's medication management system, current ordering and storage.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

A number of different general practitioners (GPs) provided medical services to the residents. Residents have choice whether or not to remain with their own GP. GPs visit routinely and all residents' care is reviewed at least three-monthly. Residents' medical records were inspected and these were current with entries including referrals, blood and swab results.

Residents, relatives and staff described the GP services as good. There was a responsive out-of-hours service available to residents seven days per week which was provided by the Shannondoc or an on-call service depending on the residents' GP service.

Residents' additional healthcare needs were met. Physiotherapy services were available weekly. The inspector met and spoke with a chiropodist during the inspection; the chiropodist visited every month and saw all residents as required. Residents expressed great satisfaction with this service. Dietician services were provided by a dietician from a nutritional company who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company. However, a number of residents choose to go out to their own optician.

Audiology services were provided on a referral basis.

Residents were supported in attending outpatient hospital appointments; a staff member usually accompanied the resident and used the centre's transport, where necessary. Residents and relatives said they were very satisfied with the healthcare services provided.

There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. Health was promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Residents received regular checks of their weight, blood pressure and pulse. Care staff described to the inspectors how they reported any changes or relevant details of residents in their care to the staff nurse.

The inspector viewed a number of care plans and saw that substantial improvements had been made since the last inspection; for example, the care plans had resident/relative signatures on them demonstrating their agreement and involvement with their care plan. The care plans were more person-centred and contained a social care plan for residents' social and recreational needs; however, other plans seen had not been updated. The person in charge informed the inspector that this was a work in progress and they were currently in the process of updating the care plans for all residents.

Residents had assessments completed on admission which included dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis or sooner if the resident's condition had required it. Inspectors observed that residents were encouraged to maintain their independence whenever possible and many residents were seen freely walking around the building.

Bedrails are being used for a number of residents in the centre, many of whom have requested them for their comfort. The inspector saw that assessments for the use of bedrails were being completed on all residents. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented. The person in charge demonstrated to the inspector that they were continuing their reduction in bedrail usage and aiming towards a restraint-free environment.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

As residents are all members of the congregation of the Sisters of Mercy, they informed the inspector that their religious needs were of paramount importance to

them and an important continuation of their previous lives. Inspectors saw that religious and spiritual needs were well provided for. The oratory was available for residents' quiet reflection and mass was held daily. Prayers and the rosary took place at different times of the day and residents confirmed their enjoyment of these. There was a pastoral care leader who looks after all the pastoral care needs of the residents and is involved in the provision and organisation of activities for residents.

Following the death of a resident the person in charge informed the inspector that many residents and relatives choose to use the centre's oratory for the removal rather than using a funeral home and that the staff facilitated the relatives and congregation and provided tea and refreshments. This enabled the residents in the centre to pay their respects and be with their fellow residents.

End-of-life training was recently provided for nurses and care staff. The community palliative care team also provide assistance if required.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Residents were offered a varied nutritious diet and the menu cycle made allowances for the preferences of individual residents, including those on special diets and those who required a modified consistency diet.

Residents had access to fluids throughout the day. Jugs with water were seen in bedrooms and communal areas and plenty of fluids were offered and encouraged at mealtimes.

There were two separate meal sittings in the dining room for lunch and tea. The first sitting allowed residents who required assistance with eating and drinking an opportunity to have the full attention and assistance of the staff. It also provided a quieter environment to enjoy their meal. The second sitting was for more independent residents and those who only required minimal assistance. The inspector found that mealtimes were an inviting and enjoyable time for residents. Tables were set in an attractive manner with place settings and napkins. There was good communication between nursing and the catering staff about special dietary needs. The catering staff knew the residents' likes and dislikes in an indepth way. The choice, quality and presentation of meals were of a good standard. Residents confirmed that mealtimes were an enjoyable social event with many residents remaining at the table after their meal to chat and socialise.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Contracts of care had been implemented for residents and were seen by the inspector. The contracts did not stipulate the fee to be paid and did not state what was included and excluded from that fee as is required by legislation.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

The inspector found that residents received a good quality of service. Management and staff were respectful to the residents and the inspectors noted that the friendly, caring attitude of staff created a relaxed, very calm and pleasant atmosphere.

As residents are all members of the congregation of the Sisters of Mercy, they informed the inspector that their religious needs were of paramount importance to them and an important continuation of their previous lives. Inspectors saw that religious and spiritual needs were well provided for.

The inspector heard residents being addressed in an appropriate and respectful manner and residents said staff always treated them with kindness and respect. Inspectors observed residents' privacy and dignity being respected and promoted by staff, in that staff knocked before entering residents' bedrooms. However, the

inspectors noted that adequate screening was not provided in the shared bedrooms which did not ensure that privacy and dignity could be maintained, especially while staff were delivering personal care.

Residents and staff confirmed that the person in charge promoted a person-centred approach to care in all aspects of daily life. Residents were encouraged to exercise choice in areas such as meals and mealtimes, times for getting up and going to bed, social and recreational fulfilment. There was also ample private space available for residents to meet with their visitors. The residents commended staff on how welcoming they were to all visitors, including inviting families and friends to have tea with the residents.

Residents informed the inspector of how they were encouraged to maintain their independence and keep in touch with their local community. They had access to local amenities, went on regular day trips and many go on an annual pilgrimage to Lourdes; any other individual requirements were arranged where needed. The residents had access to a car and registered drivers, and this service allowed them to go out regularly to clinics, outpatient appointments, the hairdresser, or just to the shops.

Residents described the social and recreational programme to the inspector. A weekly list of activities was on display and the staff told residents about events taking place. Residents who did not wish to participate in particular activities were reading and having a chat amongst themselves.

Residents said they enjoyed music, sing-songs, art, reading the newspapers, and all the organised activities. The programme appeared to meet the needs of all the residents including those with dementia who were joining in on the religious services and music sessions.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Inspectors saw, and residents confirmed, that residents were encouraged to personalise their rooms. Bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photographs. Plenty of storage space was provided for clothing and belongings.

The system in place for managing residents' clothing was effective. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre and generally there were no problems with clothing going missing due to an effective marking system.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge is an experienced nurse and manager and has embraced the role of person in charge. She demonstrated strong evidence of a commitment and person-centred approach to the residents' care. She was very involved in the day-to-day management of the organisation and had a good reporting mechanism in place to ensure that she was always fully aware and up-to-date in relation to each of the residents' changing needs. The nursing and care staff all reported to her.

The person in charge visited and spoke to all the residents on a daily basis and was very knowledgeable about the residents, addressing each one of them by their first name and was able to tell inspectors detailed information about the residents. She has been instrumental in the implementation of a number of improvements in the centre as discussed throughout the report.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Inspection findings

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. There were numerous changes in staffing arrangements since the last inspection, which included several redundancies and changes to terms and conditions for new staff.

The inspectors noted that there were adequate staff numbers on the day of the inspection to meet the needs of the residents. The inspector reviewed the planned and actual rotas. Residents and staff agreed that there were staff available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of residents.

Staff understood the reporting structure and the lines of accountability were clear. The person in charge told the inspector that she was responsible for delegation of tasks and supervision of staff practice. She explained that each day the centre was divided into two areas with a staff nurse assigned to each area and the staff nurse then supervised the care delivered by the care assistants. This was confirmed by the nurses to whom the inspector spoke.

An extensive variety of professional development training records were viewed, including mandatory training for all staff. The staff training and education records viewed by the inspector showed that all staff had attended manual handling and fire training. The nursing staff had attended training on dementia care, venapuncture, care of the older person, a wound care seminar, behaviours that challenge, cardio-pulmonary resuscitation (CPR) training and first aid. The records showed that care assistants had received Further Education Training Awards Council (FETAC) Level 5 training.

Staff with whom the inspector spoke reported a great level of support and encouragement from the person in charge to attend training and keep their knowledge base up-to-date. There was evidence that this training was put into practice and care staff were able to describe their learning and changes they had implemented as a result. Best practice was observed by inspectors in relation to hand hygiene and infection control.

The inspector spoke with staff who said that they were happy in their work and felt the residents had benefited from the numerous changes throughout the last year. The inspector saw that appraisals were completed for staff in their staff files and this assisted in the identification of staff training needs.

Residents spoke positively about staff and indicated that staff were generally caring, responsive to their needs, and treated them with respect and dignity.

Although inspectors saw a number of comprehensive staff files, a number of new staff members' personnel files did not have copies of three written references, Garda Síochána vetting or evidence of medical fitness.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected.

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

A lovely peaceful oratory was available for residents' use for prayer and quiet reflection. Mass and prayer services take place there daily and residents spoke of their appreciation and the importance to them of having such a wonderful facility. Some residents' bedrooms were well decorated and personalised with residents' possessions which included photographs, ornaments and religious items. There were reading and writing tables in many bedrooms so that residents who liked to read and write could sit comfortably. The fittings promoted residents' privacy as each had direct telephone lines and there was also lockable storage space in each bedroom. The inspector observed that many of the bedrooms had lovely views overlooking the garden area.

There was a lift allowing residents easy access to the first floor, and inspectors saw residents using this lift without any problems. Service records were viewed and showed that the lift serviced regularly. There was adequate assistive equipment to meet the needs of residents, such as pressure-relieving cushions and mattresses, grab-rails, hoists and appropriate signage. A number of residents were observed using specialist seating and mobility aids to maintain their independence.

The waste system was well managed and secure. Staff demonstrated knowledge of the correct bags to use for domestic and clinical waste. The person in charge and staff had taken significant steps to ensure infection prevention and control measures were in place. Inspectors observed staff abiding by best practice in infection control with regular handwashing and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitisers were present at the entrance to the

building and throughout all staff and resident areas; staff were observed to be using them all appropriately.

The main kitchen was clean and well organised. Catering staff interviewed had all received food hygiene training.

The corridors were wide, allowing easy access for residents in wheelchairs and those people using walking frames or other mobility appliances, and had hand rails throughout.

An unused office had recently been converted to a twin-bedded room; the inspector noted that this had been finished to a high standard with adequate storage space for residents' belongings, a sink available for residents' use, with call bells and night lights available. On the day of inspection there was no privacy screening around the beds; the person in charge informed the inspector that this was on order and was to be installed in a number of weeks. The provider has applied to increase their registration from the current 33 beds to 35 beds once the screening has been provided.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Part 6: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings

Residents had daily access to national and local newspapers and residents were seen to be enjoying same.

The inspector saw that records were maintained and stored in line with best practice and legislative requirements.

Policies, procedures and guidelines availability were in line with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2009 (as amended); however, the inspector noted and the person in charge told the inspector that they were in the process of updating all their policies as they were not reviewed on or before the date required for review.

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre. The person in charge had notified the Social Service Inspectorate of accidents and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Notifications sent in were reviewed prior to and throughout the inspection.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There has been no change to the person in charge since the last inspection.

The person in charge is supported by the provider and the board of management in a robust management structure with regular management meetings. Arrangements were in place for a member of the congregation who was a nurse manager in another centre and a member of the board of management to take responsibility for the management of the centre when the person in charge is on annual leave. However, this arrangement does not ensure consistency of care as there is no regular key senior manager to assist in the day-to-day clinical management and quality monitoring as required by legislation.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

REPORT COMPILED BY

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

12 July 2012

Provider's response to inspection report*

Centre:	Catherine McAuley House
Centre ID:	0413
Date of inspection:	5 July 2012
Date of response:	2 August 2012

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

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

The statement of purpose required updating to reflect the changes to the key senior management structure and to include the acting-up arrangements for the absence of the person in charge; it also needed to include the increase in bed numbers and the centre's registration details to ensure it met legislative requirements.

Action required:

Revise the statement of purpose so that it consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The statement of purpose is to be kept under review by the provider.

Once updated, the statement of purpose must be submitted to the Chief Inspector.

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The statement of purpose has been revised and updated and will be forwarded to the Chief Inspector immediately.	3 September 2012

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect: Audits of the service and care provided were not completed on a regular consistent basis and used for the purposes of ongoing quality monitoring and continuous improvement.	
Action required: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.	
Action required: Make a quarterly report in respect of reviews conducted on improving the quality and safety of care and submit a copy of the reports to the Chief Inspector along with the quarterly returns.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A monthly audit and quality of care review will be incorporated in to the quarterly returns.	31 October 2012

Outcome 3: Complaints Procedures

3. The provider is failing to comply with a regulatory requirement in the following respect:	
The documentation on complaints was not sufficiently robust in that it did not contain a record of any investigation undertaken, action taken, and outcome of the complaint and whether or not the resident was satisfied, as is required by legislation.	
Action required:	
The nominated person must maintain a record of all complaints detailing the investigation, action taken and outcome of the complaint and whether or not the resident was satisfied.	
Reference:	
Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The complaints record has been restructured to include all relevant aspects of the complaints made and the outcome achieved.	3 August 2012

Outcome 5: Health and safety and Risk Management

4. The provider is failing to comply with a regulatory requirement in the following respect:	
The inspector viewed a cleaning trolley left on the corridor which contained a number of cleaning chemicals; there was no member of staff around and residents could have had easy access to these chemicals.	
Health and safety and risk management policies and procedures required review.	
Action required:	
Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.	
Action required:	
Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.	

Action required:	
Put in place a comprehensive written risk management policy and implement this throughout the designated centre	
Reference:	
Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All of the centre's policies and procedures and practices are currently being reviewed and updated accordingly and will be complete by 11 September 2012.	11 September 2012

Outcome 6: Medication management

5. The provider has failed or is failing to comply with a regulatory requirement in the following respect:	
Centre-specific policies and procedures were in place for medication management; however, these required updating and further information was required to include procedures for a new supply storage and administration system that was recently introduced.	
Action required:	
Put in place appropriate and suitable written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference:	
Health Act, 2007 Regulation 25: Medical Records Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>The operational policy in relation to medication management is presently being addressed and updated and will be ready for adoption within the next fortnight.</p>	<p>10 August 2012</p>
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Outcome 7: Health and social care needs

<p>6. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The inspector viewed a number of care plans and saw that substantial improvements had been made since the last inspection; however, not all care plans seen had been updated. The person in charge informed the inspector that this was a work in progress and they were currently in the process of updating the plans.</p>	
<p>Action required:</p> <p>The resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and/or their representative.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The residents care plans are also being updated presently and will be complete within the next four weeks.</p>	<p>1 September 2012</p>

Outcome 10: Contract for the provision of services

<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Contracts of care had been implemented for residents and were seen by the inspector. The contracts did not stipulate the fee to be paid and did not state what was included and excluded from that fee as is required by legislation.</p>	
<p>Action required:</p> <p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged and what is included in the fee and what is excluded from the fee.</p>	

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The contracts of care are being restructured to include the cost/fee and details of services to be included and excluded.	1 October 2012

Outcome 11: Residents' rights, dignity and consultation

8. The provider is failing to comply with a regulatory requirement in the following respect: There was not appropriate screening around each bed in the shared bedrooms to protect residents' privacy and dignity.	
Action required: Provide privacy to residents to the extent that the resident is able to undertake personal activities in private.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The appropriate screening will be in place to ensure the privacy and dignity of the resident.	1 September 2012

Outcome 14: Suitable staffing

9. The provider is failing to comply with a regulatory requirement in the following respect: A number of new staff files failed to contain all the information set in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:	
<p>Ensure that a person is not employed to be a member of staff unless:</p> <ul style="list-style-type: none"> ▪ the person is fit to work at the designated centre ▪ information and documents are obtained in respect of that person as specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) ▪ the provider is satisfied on reasonable grounds as to the authenticity of the references referred to in Schedule 2 in respect of that person. 	
Reference:	
<p>Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All of the necessary documentation as specified in Schedule 2 of the Health Act 2007 for new members of staff have been sought.</p>	<p>1 October 2012</p>

Outcome 16: Records and documentation to be kept at a designated centre

10. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>A number of operational policies and procedures required reviewing and updating.</p>	
Action required:	
<p>Review all the written operational policies and procedures of the designated centre on or before the recommendation review date.</p>	
Reference:	
<p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The operational policies within the home are currently being reviewed and updated and a number are already complete.</p>	<p>11 September 2012</p>

Outcome 18: Absence of the person in charge

11. The provider is failing to comply with a regulatory requirement in the following respect:	
Arrangements were in place for a member of the congregation who was a nurse manager in another centre and a member of the board of management to take responsibility for the management of the centre when the person in charge is on annual leave. However, this arrangement does not ensure consistency of care as there is no regular key senior manager to assist in the day-to-day clinical management and quality monitoring as required by legislation.	
Action required:	
Give notice in writing to the Chief Inspector of the procedures and arrangements that will be in place for the management of the designated centre during the absence of the person in charge, setting out the matters contained in Regulation 38(2).	
Reference:	
Health Act, 2007 Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre Standard 27: Operational Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: To ensure consistency of care and to assist in the day to day clinical management and quality monitoring, suitable qualified senior nursing staff have been identified for this role by the Director of Nursing. This will be monitored and developed with the wishes of the provider.	11 September 2012

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Sr Anne Doyle

Date: 2 August 2012