

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Catherine McAuley House
Centre ID:	OSV-0000413
Centre address:	Sisters of Mercy, Old Dominic Street, Limerick.
Telephone number:	061 315 313
Email address:	eileen.crowley@mcauleyhouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of Mercy
Provider Nominee:	Sr Eileen Crowley
Lead inspector:	Angela Ring
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 December 2016 09:30 To: 02 December 2016 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection in a centre that predominantly provides care for retired members of the order of Sisters of Mercy. The inspector found that the care and welfare of residents was generally well protected and also found that there was adequate staff on duty to meet the assessed needs of residents. Staff had procedures in place to assess residents' care needs and used assessments to determine their health and social care needs. Care plans that described the care to be delivered were mostly in place. Overall the standard of care provided was safe and of a high quality.

Residents are accommodated in 30 single and two twin rooms. The person in charge was an experienced nurse who was in this role for a number of years in another centre. The inspector found that there were support structures in place to ensure appropriate governance and management of the service. The inspector noted that the person in charge and staff had good knowledge of adult protection procedures and measures were in place to ensure residents' welfare and well being were safeguarded.

The previous inspection was conducted in September 2014 and the actions were fully addressed. This inspection found several areas of good compliance with improvements required in the use of restraint and mealtimes, these are outlined in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability with monthly management meetings and Board meetings. Audits were being completed on several areas such as complaints, incidents, restraint and medication management. The results of these audits were shared with staff at team meetings and management meetings. There was evidence of improvements being identified following these audits and interventions put in place to address them. Data was also collected each week on the number of key quality indicators such as the use of antibiotics and number of wound, to monitor trends and identify areas for improvement.

The annual review of the quality and safety of care was completed for 2015.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person notified to HIQA as the person in charge was experienced, qualified and demonstrated good knowledge of the regulations and standards that apply to designated centres. She was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis and was well known to residents and staff.

Judgment:

Compliant

*Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records, and easily retrievable. Medical records and other records relating to residents and staff, were maintained in a secure manner. Written operational policies in line with Schedule 5, which were centre-specific, were in place and in the process of being updated.

Records required by Schedule 4 of the regulations were maintained, including staff records, fire safety documents and details of complaints.

Judgment:

Compliant

*Outcome 07: Safeguarding and Safety
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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that elder abuse detection and prevention training was ongoing and training records confirmed staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate allegations of abuse should they arise.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported in the past twelve months. The provider/person in charge did not manage residents' finances.

There were no residents displaying responsive behaviours on the day of inspection. However, some staff had attended training on the management of behaviours that challenge and there was a policy in place to guide practice.

The inspector found that restraint management procedures were not in line with national policy guidelines. While there were some good practices in place in the use of restraint such as the availability of alternatives such as crash mats, low beds, bed and chair alarms, a small number of residents had lap tables in place that were used to prevent them from leaving the chair. There was no risk assessment completed prior to their use and they were not regularly revised and supported with a plan of care. The rationale for each type of physical restraint was not outlined in the risk assessment documentation, this was not in line with the centres policy which stated that lap tables were not to be used as restraint. The person in charge agreed with this finding and had commenced measures to address the issue.

Judgment:

Non Compliant - Moderate

*Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.*

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the designated centre had sufficient procedures in place to protect the health and safety of residents, visitors and staff.

The inspector reviewed the risk assessment policy and found that it met the requirements of the Regulations. For example, it detailed the measures and actions in place to control risks such as absence, assault, accidental injury, aggression, violence and self-harm. The hot water storage was removed from the dining room since the last inspection. There was a health and safety statement in place which identified the risks in the centres and the mitigating measures in place to reduce the risk.

The inspector saw that fire extinguishers, emergency lighting and a fire detection system were in place and received maintenance at the required intervals. Fire exits were unobstructed and the exit procedures were on display throughout the centre. Staff training was up-to-date in relation to fire prevention and precaution. The inspector noted that fire alarm system was in working order and fire drills were undertaken in February and October 2016. Staff spoken with were clear on the procedure they would follow in the event of a fire. An emergency policy and evacuation plan was in place with identified alternative accommodation arrangements in the event of an evacuation of the premises.

Falls and incidents were well documented. In the sample of accident report forms reviewed, details of incidents were recorded and vital signs for residents were checked. Neurological observations were recorded where a resident sustained an un-witnessed fall or a suspected head injury. Each incident was reviewed in detail and discussed at quality improvement meetings to determine cause and potential measures to be taken to prevent reoccurrence.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs and good practices were observed by the inspector.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that each resident was protected by the designated centre's policies and procedures for medication management.

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

All medication was dispensed from blister packs. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked with the person in charge against the blister packs to ensure all medication orders were correct for each resident. Records of the medication and the quantity returned to the pharmacist were retained.

Nursing staff transcribed medication. Transcribed medication was countersigned by a second nurse in each of the sample of records examined in accordance with An Bord Altranais guidance on medication management.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The prescription sheets reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet. Medicines were being stored safely and securely in the clinic room which was secured and the medication fridge temperature was recorded daily.

Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. However, nursing staff were administering medication in crushed form where it was not individually prescribed.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. There were seven residents on controlled drugs at the time of this inspection. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of

evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that there were appropriate systems in place to ensure that residents received a good quality health care service. Residents had access to general practitioner (GP) services and access to specialists such as allied health care services. Residents were noted to have diverse care needs including dementia and complex medical conditions.

The inspector reviewed a sample of care records and found that residents' needs were set out in individual care plans which were based on a variety of assessment tools that informed care interventions, this was addressed since the last inspection. For example assessments for vulnerability to falls, mobility levels, nutrition needs and the potential for pressure related skin damage were among the areas assessed. The inspector noted that where an assessment prompted an intervention there was a corresponding care plan to guide staff actions.

Access to physiotherapy, occupational therapy, speech and language therapy and a dietician were available. Recommendations made by these professionals had been included in care plans and were noted to be followed by staff. There were a small number of wounds, these was noted to be appropriately graded and had a care plan in place that described the dressings to be used and the schedule for changing dressings.

Several of the residents and staff spoke about the wide variety of interesting activities that were available since the recent appointment of an activities coordinator, who was covering the long term sick leave of an existing activities coordinator. Residents were encouraged to provide details of their past interests, hobbies and lifestyles to inform individual social care programmes and activities took place such as tea parties, storey telling, knitting, crochet and memory boxes.

Staff were observed interacting with residents in a courteous manner and addressing them by their preferred name. Residents told the inspectors that staff responded to call bells quickly and provided personal care in accordance with their wishes.

The record of residents' health condition and treatment provided each day and night was up to date and comprehensive in the sample of records examined. Reviews and evaluations of care were completed at the required intervals however some care plans were not updated following a change in circumstance or a significant event.

Residents had ready access to drinks during the day and staff were observed to offer drinks and snacks regularly. There was a system in place to assess that nutrition was adequate and to identify if a nutritional risk was present. Residents were weighed regularly and weight changes upwards and downwards were highlighted and referred for opinion to a dietician.

Judgment:
Compliant

Outcome 13: Complaints procedures
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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the complaints of each resident, his/her family were listened to and acted upon and there was an effective appeals procedure. The policy met the requirements of the regulations.

The inspector reviewed the policy and saw that it detailed the procedure to follow should a complaint be received and details of the person nominated to ensure that all complaints were appropriately responded to and that the required records were maintained.

The inspector also noted that the procedure was displayed in a prominent position as required by the Regulations. There was good documentary evidence of good management of complaints. A log was maintained and adequate details were recorded. Residents told the inspector who they would talk to if they had a complaint but the number of complaints received was minimal.

Judgment:
Compliant

Outcome 15: Food and Nutrition
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 discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked. There was an adequate number of staff to assist residents at mealtimes.

Weights were recorded on a monthly basis or more frequently if required. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights. The inspector reviewed the menus and saw that choices were available at each meal. Residents spoken with also expressed satisfaction with the food provided. Several residents told the inspector that the food was excellent and there always a choice available. The inspector saw that snacks and drinks were readily available throughout the day.

The inspector visited the dining room during lunch and saw that this was a popular social occasion for some. Tables were nicely laid and meals were well presented and served. There was great celebrations for a resident's birthday with a number of special treats available including chocolates, sherry and cake. However, the inspector found one area for improvement in the mealtime experience. Residents who required assistance dined in the main sitting room prior to the main meal in the dining room. While the meals were served warm and staff sat to assist residents, there was no sense of a dining occasion and tables were not set. Instead, food was served from a wheeled trolley and was not served by the chef. These residents did not have the same dining experience as others and did not get the opportunity to partake in experiences such as the birthday party.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.</p> <p>There was a policy for the recruitment, selection and vetting of staff and it was reflected in practice. This was evidenced by a review of staff files which were in line with the requirements in the Regulations.</p> <p>There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on dementia, responsive behaviours, manual handling, cardio pulmonary resuscitation (CPR), end of life care and protection.</p> <p>The inspector spoke with staff and found that they were enthused about their work and the care of the residents whom they knew very well. They could describe where some residents had specific needs and their additional care requirements. Residents and staff were observed to have good relationships and residents said they valued staff for "their kindness and attention" and the prompt way they attended to their personal needs.</p>
<p>Judgment: Compliant</p>

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Angela Ring
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Catherine McAuley House
Centre ID:	OSV-0000413
Date of inspection:	02/12/2016
Date of response:	06/01/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Restraint in use in the designated centre was not in accordance with national policy as published on the website of the Department of Health from time to time.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

A risk assessment has been carried out in relation to the said resident's use of lap tables when seated out during the day. These risk assessments will now be reassessed on a regular basis in accordance with national policy. Care plans have also been devised to reflect current practices in a person centred and individual manor. The seating needs of these residents have been and will continue to be reviewed on an ongoing basis by our attending Occupational Therapist.

The local restraint policy in Catherine McAuley House is currently being reviewed and updated to reflect current practices in the nursing Home.

Proposed Timescale: 06/02/2017

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Nursing staff were administering medication in crushed form where it was not individually prescribed.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Drug Kardex's are now being updated. The updated kardex will now include columns where individual medications can be prescribed for crushed medications and individually signed by residents General Practitioner as required.

Proposed Timescale: 06/02/2017

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All residents did not experience mealtimes that were properly served.

3. Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

In order to give residents whom require assistance a greater dining experience at lunch time the PIC and the catering manager have agreed and set out a plan to ensure that all residents have a dining experience on par to that of the main lunch being served in the Dining room .

Proposed Timescale: 06/02/2017