



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

## Issued by the Chief Inspector

Name of designated centre:	The Meath Community Unit
Name of provider:	Health Service Executive
Address of centre:	1-9 Heytesbury Street, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0000477
Fieldwork ID:	MON-0037709

## About the designated centre

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

The Meath Community Unit is a 48 bedded Unit which provides residential, convalescence and respite care. There is a Day Care Centre on site which provides services for older people from the area. Rooms are located over three floors, Camden (1st floor), John Glenn (2nd floor) and Maureen Potter (3rd floor). These were named by the residents committee. The day room where some activities are run is located on the ground floor.

Access to residential care is following assessment by a Consultant in Medicine for the Elderly and completion of the Common Summary Assessment Report (CSAR). Respite services provide people with short breaks away from home, this service is offered to enable carers to take a holiday or a break to help them to continue caring. It is also provided to people who are living alone and require the support which is offered by occasional respite. Initial arrangements are made through Nursing Staff, Social Workers or General Practitioners, subsequent admissions are co-ordinated through the family and the Public Health Nurses and Nursing Administration in the unit.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	43
--	----

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 24 August 2022	09:00hrs to 17:30hrs	Margo O'Neill	Lead

## What residents told us and what inspectors observed

The inspector found that residents were supported to live a good life in the centre and that staff were striving to provide a service that was safe and had a focus on ongoing quality improvement.

On arrival at the centre, staff requested to take the inspector's temperature, complete a COVID-19 health questionnaire and to perform hand hygiene. The wearing of face mask was also required. The inspector met with the person in charge to discuss the format of the inspection and to request documentation to inform the inspection process.

The inspector observed that the atmosphere in the centre was calm and relaxed and that residents looked well cared for. The inspector spoke to residents and visitors throughout the day to gain insight about living in the centre. Residents reported they were happy with the service and care provided to them and that they felt safe and comfortable. One resident said they would 'not want to live anywhere else'.

The inspector observed that staff interactions were positive, kind and respectful. Staff appeared to be familiar with the residents' needs and preferences and supported residents' right to choice through offering choice and asking permission before assisting residents. All feedback received from residents regarding staff was positive.

The inspector found that the centre was warm, well ventilated and was overall maintained to a good standard with the exception of a few areas. The centre was laid out over four floors and contained 6 single bedrooms and 21 double bedrooms. These bedrooms were located in three units and all bedrooms had spacious en-suite facilities. Stairs and an elevator facilitated movement between floors.

The inspector observed that residents' bedrooms were spacious, clean and contained appropriate numbers of chairs, lockers, lockable spaces and wardrobes. All had a wall mounted television for entertainment. The layout and configuration of the double bedrooms enhanced each residents' right to privacy and autonomy. For example within each residents' privacy curtain, residents had access to their bed, a chair, table, locker and personal storage space. The layout ensured that each resident had access to the shared en-suite bathroom facility and could exit the bedroom without impeding on the other residents' privacy. Residents reported they were satisfied with their bedrooms.

All en-suites facilities viewed by the inspector were found to have adequate space and facilities to allow residents to undertake personal care activities independently or comfortably with assistance if required. The inspector noted however in some en-suites there were small holes in the wall where a shower chair had once been attached and that the laminate covering on some encasing of toilets was missing or

needed attention.

The centre had a dining room and two sitting rooms available for residents to use and relax in on each of the three units. The inspector observed that dining rooms were bright and spacious and tables were presented nicely to enhance residents' dining experience. There were dresser cabinets that contained colourful delph and ornaments for residents to use and admire. All sitting rooms areas were observed to be decorated in a homely manner and contain appropriate furniture to enhance residents' mobility and independence. A large oratory was located on the second floor. This room was calm and inviting and contained religious icons, a remembrance tree and paintings that added to the spiritual atmosphere in the room.

On the ground floor, the inspector observed that staff had decorated the centre's two large activity rooms and main reception area with bunting and other colourful decorations for a summer fiesta that was happening the following day. There was also additional plants being laid outside the main entrance of the centre in preparation for the fiesta for residents and their relatives.

Residents had access to a patio area located close to the activity rooms on the ground floor. This patio area had appropriate seating areas for residents to use, planted beds and an ample number of potted plants to enhance the area.

Residents were seen to have visitors throughout the day. Most visits took place in bedrooms but some also spent their visit in a seated area on the patio. Visitors who spoke with the inspector were complimentary of the service that was being provided to their loved one.

There was a dedicated activity team within the designated centre with two part time activity staff members and one full time coordinator. Throughout the day, the inspector observed some residents watching television together in communal areas or completing quizzes, crosswords or colouring. There was a varied activity schedule which included bingo, art, regular visits from a therapy dog, and exercises with the physiotherapist, memory games and dominos. The inspector also observed the centre's sensory room or snoozelen which was available for residents who may have been assessed as requiring one to one activities.

The inspector spent time observing the lunch time meal and found it to be a relaxed and social experience for residents. The dining rooms were pleasantly decorated with a noticeboard displaying the menu of the day, with a choice available for all meals. Food was seen to be nutritious and appetising. Staff were observed offering discreet assistance and encouragement to residents in the dining rooms. Residents were offered a variety of drinks and additional portions of food and overall residents told the inspector that they liked the food on offer in the centre. One resident reported that at times the food provided did not suit their preference for food to be well cooked in order to soften the texture and consistency.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There was an established management structure in place with clear lines of authority. Management systems were robust and overall provided effective monitoring of the service. The inspector found that all outstanding actions from the last inspection in July 2021 had been completed or were in progress. Further action was required however to ensure compliance with the following regulations; statement of purpose and registration Regulation 8 regarding payment of fees.

The registered provider for the centre is the Health Service Executive. There was a senior management team in place whose roles were defined, providing clear lines of authority and accountability. On a day to day basis the person in charge was responsible for the daily operation of the centre. Two assistant directors of nursing and eight clinical nurse managers supported the person in charge in their role to lead the service.

An annual review of the quality and safety of care delivered to residents in the centre during 2021 was made available to the inspector. This report was found to be informed by feedback collected from residents through resident satisfaction surveys carried out in order to identify areas for ongoing quality improvement.

From a review of the rosters, the inspector's observations and from feedback from residents, the inspector found that that the number and skill mix of staff was appropriate to meet the assessed individual and collective care needs of residents and with due regard for the size and layout of the centre. The centre employed approximately 20 nurses, 28 carers and three activity personnel. There were sufficient catering, household and laundry staff in place and administrative staff and porters provided cover at the centre's reception desk from 8:00hr until 20:00hr daily. The inspector was assured that all staff had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to commencing employment in the centre.

There was a clear complaints policy and procedure in place to direct staff when managing a complaint. A clinical nurse manager was the designated complaints officer in the centre and had responsibility for managing complaints received and to ensure that complaints were responded to appropriately in a timely manner and that records were maintained. The complaints procedure, with the required contact details for designated persons and bodies, was displayed in prominent positions to inform residents and visitors throughout the centre. The centre's complaints records for 2022 were reviewed and found to contain the necessary details.

Management provided the inspector with an updated statement of purpose for the centre. This was reviewed and found to require some minor amendments, these are outlined under Regulation 3, Statement of Purpose. Furthermore the inspector was made aware that the registered provider had made a late payment of the required annual fee as set out in the Health Act 2007 (Registration of designated centres for

older people) Regulations 2015 on time.

### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The registered provider had made a late payment of the required annual fee as set out in the Health Act 2007 (Registration of designated centres for older people) Regulations 2015 on time. At the time of the inspection the required fee had been received.

Judgment: Substantially compliant

### Regulation 15: Staffing

The inspector was assured that the registered provider had arrangements in place so that appropriate numbers of skilled staff were available to meet the assessed needs of the 43 residents living in the centre on the day of the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

At the time of inspection the centre was adequately resourced and there was a clear governance structure in place. There were good management systems to oversee the service and to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the centre for the inspector to review. It was found to contain pertinent information as set out in schedule 1 of the 2013 Regulations with the exception of details regarding the three current registration conditions and details regarding the arrangements in place for the supervision of persons providing specific therapeutic techniques in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place and this was displayed on each unit. A sample of logged complaint records reviewed by the inspector showed that complaints were recorded and investigated in a timely fashion and that complainants were advised of the outcome. A record of the complainant's satisfaction with how the complaint had been managed was also available.

Judgment: Compliant

### Quality and safety

On the day of inspection resident's health and social care needs were being met to a good standard and residents informed the inspector they were supported to live a good life. Some actions were required in relation to infection prevention and control practices, restrictive practices and maintenance of the premises; details are outlined in the remainder of the report.

The inspector reviewed a sample of records for residents who had additional support needs relating to responsive behaviours, and saw that the care plans gave staff clear guidance on what may cause the resident to demonstrate such behaviours and on how to manage such behaviours in a dignified manner if they arose. Furthermore the inspector reviewed the records for residents for whom restrictive practice, such as bed rails and chair sensors, were in use and found that these contained appropriate assessment, care planning and consent documentation. The inspector observed that the doors to the various units throughout the centre were electronically secured and required swipe card access. This practice had not been identified as a restrictive practice by the centre's management. The impact it posed on residents' right to move around the centre freely if assessed as being safe to do so had not been assessed. This is discussed further under Regulation 7, Managing behaviour that is challenging.

There were a variety of systems in place to ensure that residents were consulted in the running of the centre. This consultation occurred through regular residents' meetings which were chaired by the centre's social worker and through resident surveys.

Residents had access to an activity schedule Monday to Friday and on Sundays, which met their preferences and capabilities. Outings were set to recommence and the activities coordinator outlined that there would be trips organized for Sunday lunch and visits to galleries for the residents. Staff had completed a comprehensive

assessment and care plan detailing residents' occupational and recreational preferences and interests. Records of participation recorded residents' level of engagement and enjoyment to help inform ongoing refinement of the activities programme.

The registered provider had recently completed works to ensure that the layout and configuration of multi-occupancy bedrooms enhanced and supported residents' right to privacy, dignity and autonomy. Residents' bedrooms were spacious and configured so that each occupant had independent access to the en-suite facilities. Within each residents' privacy curtain was a bed, chair and table, sufficient personal space to conduct personal activities independently or with assistance and a lockable space for residents' valuables. The inspector observed however that some areas of the centre required attention to ensure the premises was well-maintained. For example, flooring of some of the centre's pantries required replacing and paint work required review as it was seen to be chipped in several areas throughout the centre.

The inspector found the centre to be clean. Household staff who spoke with the inspector were knowledgeable on effective cleaning practices and their cleaning trolley was clean and organised. Action was required however to ensure that infection control practices within the centre were consistently adhered to and effective, these are outlined under Regulation 27.

The centre had policies and procedures in place to promote good medicine management. All medicines and medicine records were securely stored in locked trolleys, cupboards or fridges within designated clinical rooms, with keys carried on the nurses' person at all times. All controlled medicines were stored appropriately, and a log of these medicines was maintained with stock balances checked and signed by two nurses twice a day, at the beginning of each shift.

## Regulation 17: Premises

Maintenance arrangements required review to ensure that all areas of the premises were well-maintained to a good standard. The inspector observed that flooring in some of the centre's pantries required replacing and paint work required review as it was seen to be chipped in several areas throughout the centre. In some en-suites facilities there were small holes in the wall where a shower chair had once been attached and laminate encasing was missing.

Furthermore, the inspector observed that the centre's designated smoking area did not contain the appropriate fire fighting equipment such as a fire extinguisher and fire blanket. The designated smoking area also lacked a call bell facility which posed a risk should a resident require assistance or in case of emergency. The management addressed this risk during the inspection.

Judgment: Substantially compliant

## Regulation 27: Infection control

Action was required to ensure that all infection prevention and control practices and procedures were implemented and in line with National Standards for infection prevention and control in community services (2018). The following risks were identified:

- Wear and tear observed by the inspector on some floors and paintwork required addressing to ensure that these areas could be cleaned effectively.
- Refresher training with regard correct use of face masks and adherence to hand hygiene practices was required. The inspector observed two staff members wearing their masks below their noses and one member of staff who did not carry out hand hygiene after assisting a resident and before providing assistance to another resident.
- There was inappropriate storage in sluice rooms, for example the inspector observed vases and clean laundry bags being stored in these areas.
- Greater oversight of the centre's cleaning schedules was required. On the day of inspection the inspector identified several cleaning schedules which had not been completed in several days therefore the provider could not be assured these areas had been cleaned.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medicine use and administration was carried out in accordance with professional standards. There were secure and appropriate systems for the storage of all medicines and associated records. The inspector observed that medicines were administered to residents based on their prescription record and administration records were promptly completed after medicines were administered to the resident. There were systems in place for the regular review of prescribed medication.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Most of the centre's units were electronically secured and required swipe card access to enter and egress. This required residents to ask staff for assistance when leaving and entering the units. This required review to ensure that all residents, who were assessed as being safe to do so, could move around the centre at their free

will.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

There was a comprehensive activities programme that provided opportunities for residents to participate in activities according to their wishes and capacities.

Residents participated in resident meetings which were chaired by the centre's social worker. Residents were consulted with and informed about matters relating to the running of the centre during these meetings.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Meath Community Unit OSV-0000477

Inspection ID: MON-0037709

Date of inspection: 24/08/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people:</p> <ol style="list-style-type: none"> <li>1. The registered provider has reviewed their current payment practices to address any potential sources of late payment of the required annual fee as set out in the Health Act 2007 (Registration of designated centres for older people) Regulations 2015 on time going forward.</li> <li>2. Establish an additional communication reminder between the registered provider and the unit's nurse management to support timely payment of annual fees.</li> </ol>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose updated with details regarding the three current registration conditions and details regarding the arrangements in place for the supervision of persons providing specific therapeutic techniques in the centre.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. Meeting between the HSE Maintenance and Director of Nursing supported by walkaround of the unit to review all areas of the premises in particular painting, flooring, centre's pantries and en-suite facilities.
2. Schedule of works developed to address noted areas requiring repair to be completed end of Qtr1 2023

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

1. Schedule of works developed to address noted floors and paintwork required addressing to ensure that these areas could be cleaned effectively.
2. Refresher training scheduled between October to November 2022 by DSKWW Healthcare IPC staff to enhance correct use of face masks and adherence to hand hygiene practices. This will be supported by;
  - i. ongoing weekly demonstration of hand hygiene and donning and doffing, including proper use of surgical facemask
  - ii. monthly hand hygiene audits
3. Removal of identified inappropriate storage in sluice rooms (vases and clean laundry bags being stored in these areas).
  - i. Weekly cleaning scheduled audit established to increase assurance that the centre's cleaning schedules were completed on a regularly basis
4. Meeting between Director of Nursing and External Cleaning Contractor to seek assurances that cleaning practices are aligned regulatory requirements.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

1. A general risk assessment completed and continuously updated regarding access and entry to the unit based on the fact the unit is located in the heart of Dublin city swipe card access required.
2. Swipe care access policy will be modified with following changes :
  - i. On admission MDT will complete a review of each individual regarding their safety

requirements and capacity of the client in managing the swipe card.

ii. Where the MDT's decision is to issue a swipe card to the resident a family meeting arranged including the resident and family to informing them of this decision.

iii. An individual risk assessment will be completed and a care plan will be in place that includes this swipe card access.

iv. Ongoing review during quarterly MDT meetings or whenever necessary

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 8(2)	The annual fee is payable by a registered provider in three equal instalments on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates and each instalment is payable not later than the last day of the calendar month in which the instalment falls due	Substantially Compliant	Yellow	07/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	07/10/2022
Regulation 27	The registered	Substantially	Yellow	31/03/2023

	provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Compliant		
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/10/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	10/11/2022