



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

Issued by the Chief Inspector

Name of designated centre:	Lusk Community Unit
Name of provider:	Health Service Executive
Address of centre:	Lusk Community Nursing Unit, Station Road, Lusk, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000505
Fieldwork ID:	MON-0041196

About the designated centre

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

Lusk Community unit was purpose built on a green field site adjacent to Lusk village in North County Dublin. It was opened on 10th December 2001 as part on the Health Service Executive long term plan to provide care for older persons adjacent to or within their own community. Lusk Community Unit is a 47 bedded unit providing 39 residential care beds, 5 respite care beds and 3 isolation beds for the over sixty five age group. Residents are accommodated on two units with twenty five patients on each ward. Individuals who use respite services are accommodated in single and twin rooms. Due to their high dependency, residents are accommodated in shared facilities of two bedded rooms. All rooms have individual call bells, accessible light switches and television. A day care service is provided Monday to Friday each week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
--	----

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 7 February 2024	09:00hrs to 16:30hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Lusk Community Nursing Unit and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, bedroom accommodation and services provided to them.

Following an introductory meeting, the inspector was accompanied on a tour of the premises. The premises met residents' needs and had sufficient private and communal space. Two lounges had been recently refurbished and were available for residents to meet their visitors in private if preferred.

The inspector spoke with approximately 20 per cent of residents to elicit their opinion on the service being provided in the centre. Many of the residents spoken with told the inspector that they were from the surrounding area and how they were happy to remain living in the coastal town. The inspector heard about the involvement of the local community and the various acts of kindness that benefited the residents. For example, a local sponsored run helped raise funds for an interactive activity table and TV which made reading, seeing and listening much easier for residents with hearing and visual impairments.

The inspector observed that the registered provider had made positive changes in response to the previous inspection to improve the delivery of services. The inspector saw that bathrooms were refurbished and flooring in residents' bedrooms, sluice rooms and corridors were completed. Shelving was installed in all storerooms allowing stocks to be stored effectively.

Works had taken place in the central garden, with the addition of artificial grass and new furniture. Existing furniture was up-cycled and freshly painted by staff and residents' family members. Plants were sourced and planted. The enclosed courtyards were closed on the day of the inspection due to new paving being installed. Notwithstanding the progress made, on this inspection areas that were identified as requiring some improvement, included premises, records and information for residents. These areas are detailed in the report under the relevant regulations.

Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their bedrooms. Many residents had pictures, soft furnishings and photographs in their rooms and other personal items. Overall, the lived in environment was clean and generally met the requirements of the National Standards for Infection Prevention and Control in Community Services (2018). However, some flooring appeared heavily marked and maintenance was required at the main entrance and will be discussed further under Regulation 17; Premises.

The inspector observed that the dining experience was a calm and sociable time for residents. When asked about their food, all residents who spoke with the inspector said that the food was good. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. Good interactions were observed between staff and residents. Inspectors observed staff to offer encouragement and assistance to residents. The inspector observed fresh water being delivered to each bedroom on the morning of the inspection.

Residents were supported to enjoy a good quality life in the centre. Activity coordinators were on site to organize and encourage resident participation in events. An activities schedule was on display and the inspector observed that residents could choose to partake in ball games, bingo, flower arranging, gentle exercise, music and sing-along. On the day of inspection, the inspector observed a group painting class where residents were painting individual pieces and when placed together created several impressive table displays for the upcoming 'Valentine celebrations'. Residents said they 'had a feeling of accomplishment on seeing the finished piece'. In addition, the inspector observed some residents being assisted with activities by staff on a one-to-one basis.

Residents' rights and choices were respected as residents were actively involved in the organisation of the service. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Regular audits were also used to improve practices and services. For example, a residents survey report on food and mealtimes highlighted various issues including 'evening dinner being too early' and 'taste of food could be better at times'. Feedback was given to catering team on resident suggestions and residents' preference for meal times were accommodated. A tasting committee was established to drive improvement which included five residents and staff members to ensure residents voices were considered.

Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. The inspector heard from one resident that had an issue in the past and they said that staff 'listened to my complaint and made me feel that it was valid and important' and another resident said 'my complaint was dealt with very professionally'. Advocacy services were available to all residents that requested them.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. The inspector learned that staff were provided with the opportunity to experience what it was like to have a dementia diagnosis by taking part in a 'dementia bus virtual reality tour'. Staff informed the inspector that they found it an intense experience giving useful insights into what it was like for residents living with dementia. They said it gave them a better understanding how to support residents who may experience the behavioural and psychological symptoms of dementia.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed

they were welcome to the home at any time and they did not feel restricted. They informed the inspector that they were happy with the care provided and felt it was a good place for their loved one to live.

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

Capacity and capability

Overall, the centre provided a good standard of care to residents living there. There were sufficient resources available to provide the service in line with the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability. The centre had a good history of compliance with the regulations, demonstrating a good knowledge of the legislation and commitment to providing a good quality service and enhancing the quality of life for the residents.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), and review the application to renew registration of the centre for a further three years.

The Health Service Executive (HSE) is the registered provider of Lusk Community Unit. The person in charge was supported by a senior management team including the general manager, director of nursing and administration.

Residents were consulted in relation to matters related to their quality of life in the centre. Residents and families were encouraged to make comments and suggestions about the service by completing the HSE 'Your service, your say' comment cards, provided throughout the centre. The annual review for 2023 was available for the inspector and included details of residents satisfaction survey and opinions.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

The person in charge, a registered nurse, fostered a culture that promoted the individual and collective rights of the residents. The person in charge motivated a

creative, caring and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they did not have to wait long for staff to come to them.

Records reviewed on the day of inspection were stored securely within the designated centre and made available for the inspection. However, not all records were stored in the designated centre as required by regulation. The inspector was informed that due to a lack of storage some resident records were stored in an off-site location and will be further discussed under Regulation 21: Records.

Overall, the documents reviewed met the legislative requirements including complaints procedure and insurance. However, the information for residents guide did not fully meet the legislative requirements and will be discussed under the relevant regulation.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge in the centre on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of

the centre. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

Regulation 21: Records

Records of residents who had ceased to reside in the designated centre, were not retained in the designated centre for a period of not less than seven years. This resulted in some Schedule 3 records not being readily available for inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. Effective management systems were in place to ensure the service was appropriately managed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards.

Residents' health and wellbeing were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry services, tissue viability nurse, physiotherapy, dietitian, and speech and language, as required.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Training records indicated that all staff had completed safeguarding training. The nursing home was pension-agent for five residents and a separate central private property account was in place to safeguard residents' finances.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

The premises was of suitable size to support the numbers and needs of residents. Progress in relation to actions from the previous inspection was evident. However, further actions were necessary to bring the premises into full compliance specifically in the area of flooring, maintenance and storage and are discussed under Regulation 17: Premises.

A residents' guide was available and included a summary of services available, the complaints procedure, visiting arrangements and information regarding independent

advocacy services. However, it did not fully comply with the regulations and will be outlined under Regulation 20; Information for residents.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

Suitable fire systems and fire safety equipment were provided throughout the centre. There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Fire doors were intact and appeared effective to adequately protect against the spread of fire and smoke. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 13: End of life

The inspector was assured that each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the improvements made by the provider since the last inspection, further action was required to be fully compliant. For example:

- Flooring in the fine dining area, oratory and relaxation room was heavily scored and marked, preventing effective cleaning.
- Carpet flooring at the main entrance appeared stained and worn on the day of inspection.
- Paintwork was chipped on the glass panels at the main entrance, preventing effective cleaning.
- Due to insufficient storage in the centre, some records set out in Schedule 3 were not located in the centre for a period of not less than 7 years.

Judgment: Substantially compliant

Regulation 20: Information for residents

The terms and conditions of residency in the nursing home was not outlined in the residents' guide.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety arrangements in the centre were in line with the regulation and the registered provider had taken adequate precautions to ensure that residents were protected from the risk of fire.

Judgment: Compliant

Regulation 6: Health care

A high standard of evidence-based nursing care in accordance with professional guidelines was provided to residents. Residents had access to their GP of choice and members of the allied health care team as required.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspector reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lusk Community Unit OSV-0000505

Inspection ID: MON-0041196

Date of inspection: 07/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The centre will come into compliance with the regulation by completing the following steps;</p> <ol style="list-style-type: none"> 1. Older Persons will review the retention and storage of records to ensure compliance with Regulation 21 as outlined in the Regulation Handbook 2024. Our SOP will be reviewed to reflect this requirement as set out in Regulation 21 SI no 415/2003.i.e 2. The Registered Provider shall ensure record set out 2,3 and 4 are kept in the designated centre and are available for inspection by the Chief Inspector for a period of not less than 7 Years. 3. A Project Team will be established to Scope out requirement under the Regulations and agree timelines for completion. This will include conversion of Files from Paper Based to electronic format so as to not negatively impact storage space within the designated centre. 4. With immediate effect, the records of any residents who cease to reside at the centre, will remain at the centre. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure the centre is compliant with the regulation;</p> <ol style="list-style-type: none"> 1. Programme of work is underway funded by Minor Capital (AMRIC) includes replacement of flooring and paintwork refreshed as required. The Glass Panels in the Main Entrance will be included in the Estates Energy Bureau Project due to commence in Quarter 4. 	

Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>To fully comply with the regulation and to ensure the required information is available to the residents in the information guide, the provider will;</p> <ol style="list-style-type: none"> 1.The PIC is updating the Residents Guide to include T's & C's of Residency. 2.The changes to the guide will be communicated to Residents and their Families. The updated guide will be presented at the Residents Committee and displayed on the resident's notice board. A copy of the updated guide will be sent to Family members and will be made available in hard copy at the centre. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	31/03/2025
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/06/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2024
Regulation 21(3)	Records kept in accordance with	Substantially Compliant	Yellow	30/06/2024

	<p>this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.</p>			
Regulation 21(6)	<p>Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.</p>	Substantially Compliant	Yellow	30/06/2024