Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	13 August 2026
Centre ID:	OSV-0000505
Fieldwork ID:	MON-0049948

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 provides accommodation for up to 47 residents; including 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 up to twenty five residents on each unit. Individuals who use respite services are accommodated in single and twin 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:	39

How we inspect

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
Thursday 13 August 2026	08:00hrs to 16:15hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with residents to gain insight into their experience of living in Lusk Community Centre. Residents spoken with were complimentary in their feedback and overall expressed satisfaction about the standard of care provided. They felt safe living in the centre and told inspector that their rights were upheld. This unannounced inspection focused on the provider's performance with respect to safeguarding and the systems in place to protect the residents living in the centre. There were 39 residents accommodated in the centre on the day of inspection.

The inspector was in the centre at 8 a.m. and conducted a walk around observing practices and noted the busy but calm atmosphere in the centre. The inspector spoke more in-depth with ten residents and four relatives during the inspection. Residents described the centre as 'a good place to live', one resident told the inspector that 'life's good', and there was 'plenty to do'.

The staff were visible within the centre tending to residents' needs in a respectful manner. Residents reported that the 'staff are lovely', and 'they come when you ring the bell'. The inspector observed that there were adequate staffing numbers with the appropriate skills and knowledge to meet the needs of residents on both night and day duty. However, there were many staff vacancies within the centre which were covered with agency staff. While this did not negatively impact on the care of the current residents living in the centre, the residents told the inspector they 'did not like' having different staff each day.

Lusk Community Unit is designed and laid out to meet the needs of the residents. The building surrounds two enclosed courtyard gardens which were observed to be well used by residents and visitors on the inspection day. The centre was clean and overall well-maintained by a team of maintenance and housekeeping staff. The general environment and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free.

The rights of residents were upheld. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Residents' families and friends were observed to visit residents on the day of the inspection. Visitors confirmed they were welcomed into the home at any time and praised the care.

There were information notice boards for residents and visitors on display. These were to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed. The resident information guide included a summary of services and facilities available, visiting arrangements and contact details of independent advocacy services available to residents.

A compliance plan from the previous inspection regarding food and nutrition was followed up, with an improvement in the dining experience observed by the inspector. There were table top blackboards used to depict the choice of courses available and cloth napkins added an elegant look to the dining tables. There was a calm unhurried atmosphere as residents dined. A variety of drinks were offered to residents and condiments, butter and sauces were within easy reach enabling independence. Residents appeared to enjoy the dining experience with laughter and banter occurring. There were plenty of staff assisting as required and staff spoken with were knowledgeable of residents' dietary needs including relevant modified diets. All interactions between staff and residents were observed to be kind and caring.

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 impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults. The findings of this inspection are that there were adequate systems in place to protect the residents from the risk of abuse.

The registered provider of Lusk Community Unit is the Health Service Executive (HSE). The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by two senior persons participating in management, two Clinical Nurse Managers (CNMs), a team of nurses and healthcare support staff. There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities.

Overall, this inspection found that the registered provider had good governance and oversight procedures in place, which ensured that residents were kept free from harm in their home. However, improvements were required to ensure that the

service provided was safe, appropriate and consistent as as outlined under Regulation 23: Governance and management.

Notifications of incidents for the centre were submitted appropriately, however upon review the inspector observed that in one instance staff had not completed and sent 'The National Transfer Document' with the resident to the hospital. This was not in line with the centres' policy on temporary absence and discharge of residents.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. The inspector was informed of ongoing staff vacancies within the centre to which staff had not been recruited, due to the current HSE recruitment approval processes resulting in delays to the onboarding of staff. Agency staff were used on a daily basis. While the provider endeavoured to have regular agency staff, this was not always possible. There was good supervision of staff on the day of the inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

There was a training matrix in place in the centre and staff were facilitated and encouraged to attend both mandatory and other professional training offered in order to meet the needs of residents. All staff had up-to-date training in areas such as fire safety, manual handling, infection control and safeguarding. The inspector reviewed staff training and knowledge of people handling training. Regarding the use of hoist and slings, staff informed the inspector that they may rely on a staff colleague or an infrequent company representative to inform them on correct usage and procedure. The inspector was further informed by the person in charge that the content of person movement and handling course did not include the use of hoist and slings.

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the 39 residents, and taking into account the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had access to training and all staff had attended the required mandatory training to enable them to care for residents safely, the content of that training required review. The provider must ensure that all staff receive training appropriate to their role. For example:

- Competency-based training on the use of hoists and slings was required.

Judgment: Substantially compliant

Regulation 23: Governance and management

Notwithstanding the systems in place for the oversight and monitoring of care and services provided for residents to ensure they were effectively safeguarded, the inspector found that improvements were required to further strengthen the governance and management as follows:

- The local policy on transferring a resident to hospital was not consistently implemented in practice. For example, the inspector found that the National transfer document was not always completed to ensure that all relevant information about a resident is provided to the receiving hospital on temporary absence or discharge of a resident.
- Assurance was required that all staff receive appropriate training relevant to any person movement and handling equipment in use in the centre. The provider's own internal systems of oversight had not identified that the training provided to staff did not include key information in respect of the equipment used in moving and transferring residents, which posed a risk.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that residents were effectively safeguarded from abuse and that the provider had robust systems in place to protect the residents and ensure their safety. Residents reported that they were happy living in the centre. The inspector saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that the resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents with dementia and those with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were being effectively

supported by staff. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

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, choking and accidental injury.

Regulation 10: Communication difficulties

The inspector found that residents with communication difficulties had their communication needs assessed and documented in their care plan. Staff were knowledgeable about each resident's specialist communication requirements and ensured residents had access to any aids or supports to enable effective communication and inclusion. All residents had access to specialist services, as required.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured premises were appropriate to the number and needs of the residents living there.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans, including safeguarding plans, were personalised and contained detailed information specific to the individual needs of the residents. Care plans demonstrated consultation with the residents and, where appropriate, their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioral and psychological wellbeing. The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

The provider was a pension agent for nine residents. The inspector was assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents’ rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lusk Community Unit OSV-0000505

Inspection ID: MON-0049948

Date of inspection: 13/08/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The content of the people moving and handling training has been reviewed. An external training contractor has been secured and all relevant staff will be trained appropriate to their role on the use of hoists and slings. The first training was completed on Friday, 25 September 2026. 8 staff were retrained. The next training will take place on 28 October 2026. Planning is underway for additional dates for retraining. This will be completed by 26 February 2027.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • An internal review had also identified that on one occasion the National Transfer Document was not used. All old versions of the transfer documents were removed from use. All nursing staff were reminded to use the National Transfer Document. This was further highlighted to nursing staff during clinical handovers. This action was completed prior to the inspection on 07 July 2026. • A review of current people moving and handling training was completed. An external company has been contracted to provide in-depth training to all clinical staff relevant to their role. The first training was completed on Friday, 25 September 2026. 8 staff were retrained. The next training will take place on 28 October 2026. Planning is underway for additional dates for retraining. This will be completed by 26 February 2027.	

• Compliance with the people moving and handling training will be monitored by the Person In Charge. To further monitor compliance, a review of training will also be integrated into the centre's quarterly Quality and Safety Walkround programme. The first review will be completed by 31 December 2026.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	26/02/2027
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2026