



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:	14 January 2025
Centre ID:	OSV-0000505
Fieldwork ID:	MON-0044159

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 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:	39
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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
Tuesday 14 January 2025	09:00hrs to 16:20hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in Lusk Community Unit. There was a friendly atmosphere in the centre and the residents told the inspector that they were happy living there and that they felt safe.

All of the residents who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while another said 'staff were very helpful and would do anything for you'.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance in an unrushed and patient manner.

The design and layout of the home promoted free movement and relaxation. The lived-in environment was clean and met residents' needs. There was sufficient private and communal space for residents to relax in. Several enclosed courtyards were easily accessible.

The inspector heard about a communal space where residents enjoyed partaking in activities, was sometimes noisy due to the open plan nature of the footprint. The inspector heard how management were exploring options to ensure residents could enjoy this space in peace and tranquility.

Bedroom accommodation comprised of both single and double-occupancy bedrooms. Residents who spoke with the inspector were happy with their bedrooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely feel.

The inspector observed that mealtime in the centre's dining room was a relaxed and social occasion for residents. The lunch food served on the day of inspection was seen to be wholesome and nutritious. The residents informed the inspector that they had a good choice of food available to them and could request alternative meals should they not like what was on the menu. A variety of drinks were being offered to residents with their lunch and at frequent intervals throughout the day. The inspector observed staff offering encouragement and assistance to residents.

Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community. The inspector saw that there was a varied schedule of activities displayed on the notice boards throughout the centre such as exercises, quizzes and games. Residents had access to advocacy services and information leaflets were seen to be available.

Overall, residents said that they felt listened to and had the opportunities to make choices in their daily lives. There were resident meetings to discuss any concerns they may have and suggest ideas on how to improve the centre. Residents had been informed of the complaints process and knew they could complain if they had an issue of concern.

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, this was a well-governed centre with effective management systems to monitor the quality of care to residents. The provider sustained good levels of care and oversight of the service across regulations reviewed, with further improvement required in respect of directory of residents, contracts of care, premises and infection prevention and control. These areas will be detailed in the report under the relevant regulations

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).

The Health Service Executive (HSE) is the registered provider of Lusk Community Unit. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by a senior management team including, the general manager for older person services, and director of nursing. Also in support were clinical nurse managers (CNMs), staff nurses, healthcare assistants, catering, activity, housekeeping, administrative and maintenance staff.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre, for example; falls, restraint, infection prevention and control and documentation audits. These audits were found to be objective and identified areas for improvements.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

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. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. There was good supervision of staff on the day of the inspection.

A Directory of Residents was established and maintained in the designated centre. A sample of residents' names were randomly chosen and found to mostly include the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013. However, some resident information was not maintained in the directory of residents, as discussed further in the report.

Contracts of care were in place for both long-term and short-stay residents. The contract clearly specified the terms and conditions of the residents' residency in the centre, stated the bedroom to be occupied, the occupancy number of the room and any additional fees. However, this inspection found that they were not fully in line with the regulations.

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

There was a sufficient number of staff and skill mix to meet the needs of the residents on the day of inspection. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely.

Judgment: Compliant

Regulation 19: Directory of residents

A small number of residents that sadly passed away in hospital did not have their cause of death documented in the directory of residents, as required.

The inspector acknowledges that the cause of death, where available and known, was recorded in a separate file in the centre and was available to view on inspection.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspector on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There was a comprehensive contract of provision of services in place for each resident; however the contractual documents were not signed by the resident or their representative.

Instead, there was a robust system in place whereby each contract of care reviewed had an accompanying document which was signed by resident or representative, acknowledging that they were in receipt of a contract of care.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to have a good quality of life and saw evidence of individual residents' needs being met.

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 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 were facilitated to communicate and enabled to exercise choice and control over their life while maximising their independence. 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 premises was of suitable size to support the numbers and needs of residents. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, all bedroom windows were being replaced and plans were in place to ensure works would be carried out in a co-ordinated, controlled and well-managed approach, with minimal impact to residents. The inspector followed up on the compliance plan from the previous inspection and acknowledged that all premises related items on the previous compliance plan were actioned, including flooring replacements and painting.

However, the inspector observed that the temperature in the medication room exceeded the maximum limit and therefore the ventilation system required review, to ensure medicines were stored at safe temperatures. These findings will be discussed under Regulation 17: Premises.

Overall, the centre was clean and there was good adherence to the prevention and control of infection. For example; waste, used laundry and linen was segregated in

line with national guidelines. The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month. This data was analysed and used to inform practice.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were securely stored and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant as per Schedule 6 requirements. For example;

- Appropriate ventilation and heating were not in place in all areas of the designated centre. For example, the temperature in the medication room was not appropriate, reaching 28.5 degrees Celsius. This posed a risk that the efficacy of medicines stored in that room would be compromised.

Judgment: Substantially compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 27: Infection control

Overall, the centre was clean and there was good adherence to the *National Standards for infection prevention and control (IPC) in community services (2018)*, with the exception of the following issues identified:

- Some items of furniture required repair or replacement as there were breaks in the integrity of the surfaces, which did not facilitate effective cleaning and

decontamination. For example, cabinets in the hairdressing room were damaged exposing medium-density fibreboard (MDF). This posed an associated risk that the porous surfaces could not be effectively cleaned.
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Care plans were personalised and contained detailed information specific to the individual needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The designated centre's policy was available for review. There were appropriate and detailed care plans in place in respect of responsive behaviour or restraints used and the supervision provided was as per the residents' individual needs. The use of any restraints was minimal and where deemed appropriate, the rationale was reflected on individualised risk assessments.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Lusk Community Unit OSV-0000505

Inspection ID: MON-0044159

Date of inspection: 14/01/2025

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none">• The Directory of Residents has been updated to include the cause of death where that information was available. Where this information was not available the Directory has been updated to reflect this and to include a description of measures taken to access this information. This process will be followed henceforth.• To monitor compliance with the regulation, a review of the Directory of Residents and requirements will be integrated into the Quality Safety Walk Round process. The Person In Charge will conduct regular spot checks of the Directory to further support compliance.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none">• All current contracts of care will be reviewed and re-signed by the Residents and/or their representative ensuring the signature is integrated into the body of the document. This will be completed by 30 June 2025.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Post inspection, immediate measures were taken to reduce the temperature in the Clinical Room, which included adjustment of the heating system and continuation of temperature monitoring. • As this did not fully address the issue, to ensure the efficacy of medication is preserved, the storage of the medication has been relocated to an appropriately ventilated environment. The temperature of this room is monitored daily and records maintained. • An application to upgrade the ventilation system in the Clinical Room has been submitted as part of the minor capital plan. The works are estimated to be completed by 28 February 2026. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The items of furniture identified in the report were logged with the HSE Maintenance Team on day of the inspection. Where possible a repair of the furniture has been completed. • It was identified that the cabinets cannot be repaired and so will be replaced. Replacement of the cabinets will be done by 31 August 2025. 	

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	28/02/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	07/02/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other	Substantially Compliant	Yellow	30/06/2025

	occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered 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.	Substantially Compliant	Yellow	31/08/2025