



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:	23 October 2025
Centre ID:	OSV-0000505
Fieldwork ID:	MON-0048352

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:	42
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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
Thursday 23 October 2025	08:00hrs to 16:00hrs	Maureen Kennedy	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector spoke with many residents to gain insight into their experience of living in Lusk Community Unit. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. One resident reported that they had 'nothing, only good to say' and that care was 'very good'. The inspector also spoke with some family members who were visiting their loved one on the day, who said that 'the staff do a great job' and the residents are 'very well looked after'. There was 42 residents living in the centre on the day of this unannounced inspection.

Lusk Community Unit is a specifically designed building laid out in two wings, with each wing surrounding an enclosed courtyard garden. On the morning of the inspection, the entrance foyer was flooded with light through the windows surrounding the garden and the windowsills were abundant with potted plants. The gardens were accessible to residents with clear pathways, nicely planted flowers and seating areas for residents to use. The gardens were well-maintained and multicoloured in appearance with a large selection of colourful 'bird boxes' adding to the ambiance. There was a dedicated housekeeping team in place visible in each area throughout the day. The general environment of the centre was observed to be nicely decorated with art work on the walls, and residents' bedrooms, communal areas and toilets inspected appeared clean and clutter-free. Hand sanitisers were available throughout the centre.

The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, new windows and doors had been fitted and new blinds and curtains were awaited which the residents had selected themselves. The inspector observed that following the last inspection, the registered provider had undertaken a programme of remedial works to address issues relating to premises.

The inspector observed the mealtime experience for residents in the centre and overall, residents reported satisfaction with the quality and taste of the food provided. The centre's dining room was bright, spacious and nicely decorated in preparation for Halloween. A kitchenette was available to residents to use outside of regular mealtimes with snacks available and the inspector observed a trolley with a choice of a tea and biscuits, a smoothie or fruit offered to residents mid morning. The inspector observed the lunch food served on the day of inspection to be wholesome and nutritious with a variety of drinks being offered and condiments within easy reach to promote residents' independence. However, improvement was required to ensure that residents were aware of the choice of food available to them.

Residents' families and friends were observed to visit residents on the day of the inspection and there were numerous private spaces throughout the building for these visits to occur. A range of activities were available to residents, with the

making of 'pumpkin scones' for Halloween observed by the inspector. The inspector spent time observing the environment and interactions between residents and staff. All interactions observed were person-centred and courteous. Staff were responsive and attentive while attending to residents' requests and needs on the day of inspection.

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

Overall, the inspector found that residents in the centre benefited from well-managed resources and facilities with good leadership and good governance and management arrangements in place.

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 a regional Director of Nursing (DON), two Clinical Nurse Managers (CNM), a team of nurses and healthcare support staff. There was a schedule of regular meetings in place including management, staff and residents and the management team had developed audits that identified where improvements were required. The annual review of the centre for 2024 was reviewed by the inspector and a quality improvement plan was in place.

The inspector was provided with access to the electronic directory of residents to review and found the directory was up-to-date, and it contained all information as required under Schedule 3 of the regulations.

The inspector reviewed a sample of contracts of care between the resident and the registered provider. The contracts clearly set out the terms and conditions of the residency in the centre, any additional fees, the bedroom and the occupancy number of the room. The contractual documents were signed by the resident or their representative.

There was currently one volunteer working in the centre. Their roles and responsibilities were set out in writing, they received supervision and support as required and had the required An Garda Síochána (police) vetting in place.

Regulation 19: Directory of residents

In line with a previous compliance plan, the person in charge ensured the directory of residents contained all of the required information specified as per Regulation 19.

Judgment: Compliant

Regulation 23: Governance and management

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. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector observed that following the last inspection, the person in charge ensured that all contracts of care were comprehensive and met the legislative requirements.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that any people working as a volunteer in the designated centre met the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

The inspector viewed bedrooms with permission and found that they were warm, homely spaces, personalised with items such as pictures, ornaments and

photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions including a lockable area for safekeeping. There was a laundry on-site for use as required with residents informing the inspector that the service was 'fairly good', and that they had 'no issues'.

The premises was designed and laid out to meet the needs of the residents. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Following the last inspection, the registered provider had undertaken a programme of remedial works to address issues relating to premises. In line with a compliance plan, new cabinets had been installed in the hairdresser room and the works to upgrade the ventilation system in the clinical room were in progress on the day of inspection.

Residents reported satisfaction with the quantity and quality of food provided. Staff spoken with had knowledge of residents' dietary needs and relevant modified diets. The inspector was informed of the choice of food available, however residents were unaware of the days menu. This is further discussed under Regulation 18: Food and Nutrition.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety. Staff confirmed, they completed and sent 'The National Transfer Document' with the resident to the hospital. Copies of documents were available for review and they contained all relevant resident information.

The inspector followed up on the compliance plan of the previous inspection regarding Regulation 27: Infection control and noted the replaced cabinets in the hairdressing room. Staff were observed to have good hand hygiene practices and the inspector observed good practices in relation to standard precautions to reduce the spread of infection. For example, waste and laundry linen were managed in a way to prevent the spread of infection. The inspector observed that equipment used by residents was in good working order and reusable equipment was cleaned and stored appropriately.

The inspector found that all reasonable measures were taken to protect residents from abuse. All relevant information was available within the centre on advocacy services, Ombudsman, complaints officer, and residents' rights service. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. Staff had An Garda Síochána (police) vetting prior to starting work in the centre. The provider was a pension-agent for a number of residents. The inspector was assured that monies collected on behalf of residents was being managed as per HSE policy, in line with the Social Protection Department guidance.

Regulation 12: Personal possessions

Residents were provided with adequate storage space and there was a system in place for laundering residents clothes.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 18: Food and nutrition

As part of the inspection, the inspector reviewed the centres' comprehensive schedule of menus and observed pictorial cards of dishes on offer which were used to inform the residents of the meals available for the following day.

However, on the day of inspection, while a menu was written on a blackboard in the dining room, it did not advise of a choice available for the day. Feedback received from residents on the day of the inspection was that they were unaware of the choice of food available to them.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was temporarily absent from the designated centre for treatment at hospital. All relevant information about the resident was provided to the hospital and on return was obtained from the hospital in a planned manner ensuring continuity of care.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control training was up to-date. The registered provider had adequate resources available to ensure safe infection prevention and control practices were effectively implemented.

Judgment: Compliant

Regulation 8: Protection

The provider had an up-to-date Safeguarding Policy, and measures in place to protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard residents' finances.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lusk Community Unit OSV-0000505

Inspection ID: MON-0048352

Date of inspection: 23/10/2025

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 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition:	
Currently ward catering assistants meet with residents to discuss menu choices for the following day. During this discussion residents are provided with picture menus to support them to make their choices. Ward catering assistants also confirm with residents each morning the menu they have chosen for the day. Going forward ward catering assistants will sign the resident's meal order form to confirm the resident has been informed of the menu for the following day.	
The annual resident's survey includes a question to ensure residents are aware of the choice of menus each day.	
The blackboard in the dining room now displays all menu choices available to residents on the day. An additional blackboard will be ordered and placed on the opposite side of the dining room so the full menu will be visible to residents in all sections of the dining room. This will be displayed by the 30th of November 2025.	
Table top blackboards will be ordered for each table in the dining room. These blackboards will display all menu options for dinner. These blackboards will be displayed by 15th December 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 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	15/12/2025