



**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:	Station Road, Lusk, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0000505
Fieldwork ID:	MON-0040038

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 50 bedded unit providing 45 residential care beds and 5 respite care 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:	37
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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 3 May 2023	08:50hrs to 17:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day. The inspector spent time in the centre to see what life was like for residents living at Lusk Community Unit. The atmosphere in the centre was relaxed and calm. Some residents told the inspector that they felt safe in the centre and were well cared for by staff. Other residents, due to speech or cognitive impairment were unable to elicit their opinion on the service being provided in the centre however, they appeared happy and content in their interactions. It was evident that staff knew the residents' needs and particular behaviours well as the inspector observed gentle, patient and courteous resident and staff interactions.

Following an opening meeting, the inspector completed a tour of the designated centre with the person in charge. The inspector observed that many residents were up and dressed. They appeared well groomed and comfortable in their surroundings. Overall, the environment was clean and warm. The premises was mostly well maintained however some areas required attention and will be discussed later in the report.

The centre was laid out on ground floor level and was divided into two units, Rush and Lusk. There was a nursing station on each unit. There were multiple communal areas in the centre including large sitting rooms in each unit, and smaller sitting rooms where residents could take their family for a quiet visit. There was a central dining room for all residents and a pantry that facilitated the serving of snacks and drinks to residents out of hours. There was a Snoozleen room which was a multisensory, therapeutic environment that soothes, stimulates and helps reduce agitation and anxiety and an oratory, available for residents to use.

Bedroom accommodation comprised of both single and multi-occupancy bedrooms. With residents' permission, the inspector viewed a small number of bedrooms and saw that they were warm, homely spaces, and most were personalized with photographs, flowers, souvenirs and furniture from resident's homes which reflected their life and interests. Access to enclosed external courtyards was unrestricted and the inspector observed a colourful trellis covered in bird boxes and flowers that the residents helped to paint. However the inspector observed that courtyards were in need of upkeep and maintenance. This was highlighted in a resident survey that residents would like to see improvement in shared areas including garden or outdoor areas saying, 'it would be nicer if there were more plants in the garden and it be maintained'.

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. Staff who spoke with the inspector were knowledgeable about the residents and their needs. On the day of inspection, the inspector observed a flower arranging class followed by a sing along session. Residents appeared to enjoy the interactions

with staff and enjoyed asking 'Alexa' to play the next song.

The inspector observed that, following the last inspection, the registered provider had undertaken a programme of remedial works to address issues including, works to premises for example, the flooring project was a work in progress with flooring in corridors replaced and flooring in rooms to be completed in next phase, bathroom rails and seals completed, bathroom vents were cleaned, ceiling tile were replaced and nurses station desk re-varnished. There had been some refurbishment of the courtyard areas, however further work was required to allow residents to enjoy the space. Storage facilities in the centre had been addressed since the last inspection however, some of the store rooms were awaiting additional shelving.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The inspector noted that following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre. An improvement plan to enhance infection, prevention and control was put in place to address outstanding issues. For example, cleaning schedules were reviewed and accountability controls included, new equipment including kitchen trolley, trays and shower trolley was installed, refrigerator temperatures were checked daily and cleaned weekly, each resident had their own hoist sling and stored appropriately.

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, residents were provided with a good standard of care by management and staff, who were focused on improving residents' wellbeing while living in the centre. The provider had made some changes in response to the previous inspection to improve the delivery of services, for example all policies were reviewed and updated, the directory of residents was updated, audit activity was monitored by the safety committee, monthly quality and safety walk arounds were undertaken by the person in charge and the infection prevention and control (IPC) lead and every quarter included a member of senior management.

This was an unannounced risk 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 to follow up on the compliance plan from the last inspection.

The Health Service Executive (HSE) is the registered provider for Lusk Community Unit. There was a clearly defined defined management structure in place that

identified the roles and responsibilities of staff working in the centre, with effective management systems to monitor the centre's quality and safety.

The annual review for 2022 was available and included a quality improvement plan for 2023. It was evident that the provider was continually striving to identify 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. Staff spoke with recognised that policy, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Sufficient resources were in place for effective delivery of care. Call bells were answered without delay. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Síochána vetting requests prior to commencing employment.

The centre had a directory of residents in accordance with Schedule 3 which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in an electronic format and was appropriately maintained, safe and accessible.

The inspector reviewed three contracts for the provision of services and found that they were in line with the regulations and clearly specified the terms and conditions of the residents' residency in the centre.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

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

Judgment: Compliant

Regulation 19: Directory of residents

A Directory of Residents was established and maintained in the designated centre. The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

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

The inspector reviewed three contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any charges incurred.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The person in charge was aware that volunteers should have roles and responsibilities set out in writing, a vetting disclosure and should receive supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of

Social Services within the required time-frame.

Judgment: 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

The inspector found that residents were supported and encouraged to have a good quality of life in the centre. Staff worked tirelessly to provide care to residents. Notwithstanding the positive findings, this inspection found further improvements were required to the premises which management had already highlighted at their management team meetings and will be detailed in the report under the relevant regulation.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone and TV. Mass was live streamed from from the local parish on Sundays and Holy days. Communion was delivered for residents to avail of if they wished. There was access to advocacy with contact details displayed in the centre. There was evidence of resident meetings to discuss key issues relating to the service provided.

Some residents living with dementia or other conditions may be periodically predisposed to episodes of responsive behaviours in an attempt to communicate or express their physical discomfort or discomfort with their social or physical environment. 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. Such residents were appropriately assessed and well managed.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. The medical officers visit the centre on a daily basis. Following admission the medical officers assumes responsibility for the medical management of each resident in consultation with the resident and family. However, residents may also choose to continue to have their own general practitioner (GP) of choice. Medical cover was available daily, including out of hours.

At Lusk Community Unit, there were arrangements in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Residents were observed to have their individual style and appearance respected and were noted to be well presented and a tidy appearance. Residents were seen to have adequate locked space to store and maintain clothes and personal possessions. Residents' bedrooms were noted to be decorated in a manner that reflected the residents' preference including photographs, soft furnishings and ornaments. Residents confirmed that their laundry was done regularly and returned promptly. Residents did not report any complaints about laundry service.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. The twin bedrooms viewed on inspection allowed for enough private space for each resident. However, aspects of the premises required attention and will be discussed under regulation 17, premises.

The inspector noted that the dining experience was a sociable time for residents. The food appeared appetising, wholesome and nutritious. Residents who spoke with the inspector expressed great satisfaction with the food. The inspector observed a meal time service to be well managed, unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times. During the lunch time the inspector observed some residents were provided their meals in a smaller communal space. All residents present required one to one assistance and adequate staff were available to afford them the time and comfort to finish their meals in a quieter environment.

The National Transfer document was used where a resident was temporary absent or discharged from the designated centre and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following areas:

- The courtyards were not maintained to an acceptable standard. Weeds were seen in between the paving stones. Some paving was uneven, preventing residents from using the space safely. This is a repeat finding from the last inspection.
- Notwithstanding the improvements made by the provider in replacing flooring in the corridors, flooring in lounges, oratory, linen store room and hairdressing room was heavily scored and marked, preventing effective cleaning.
- Lack of shelving in a store room resulted in inappropriate storage of personal protective equipment (PPE) on floor and therefore did not support effective cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge appeared to ensure that where a resident was discharged from the designated centre was done in a planned and safe manner.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lusk Community Unit OSV-0000505

Inspection ID: MON-0040038

Date of inspection: 03/05/2023

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 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"> • Weeding was completed in both courtyards on the 19/05/2023. • Until the courtyards have been resurfaced, monthly weed control measures will be implemented. • Resurfacing of the courtyard path and patio areas will be completed by 27/10/2023. In the interim, measures have been put in place to reduce the risk of trips by cordoning off the relevant areas. • Flooring in bathrooms, resident’s bedrooms, sluice rooms, lounges, oratory, linen store room and hairdressing room will be completed by 29/09/2023. This will be done on a phased basis to reduce disruption to residents. • Shelving will be installed in all storerooms by 29/09/2023. Stock levels have been reduced and measures have been put in place to ensure floors are cleaned adequately. <p>Due to the extent of upgrades in the centre, the external works to the courtyard surface areas will be carried out after the internal works have been completed. This is to reduce the disruption to residents with regard to noise and restricted access to areas.</p>	

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	27/10/2023