



**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:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	21 February 2024
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0042856

About the designated centre

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

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two storey premises. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. The centre can accommodate a total of 44 residents. All residents' bedrooms have en-suite facilities. There are enclosed, safe external grounds for use by residents on each floor level. The provider states in their statement of purpose and function that Cluain Lir Community Nursing Unit residential services provides continuing care to a maximum of 44 male and female residents with assessed maximum, high, medium and low dependency needs. The service strives to provide care to residents and their families in a respectful, caring manner. The provider aims to deliver a high quality standard of care, both physical and psychological using a person centred approach. The designated centre's stated philosophy and motto is to 'add life to years when you cannot add years to life'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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 21 February 2024	09:00hrs to 16:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents and relatives was that they were happy with the care they received and that staff looked after them very well.

From what residents told inspectors and from what was observed during the day, the designated centre was a friendly and homely place to live. Residents' preferences were accommodated by staff and their rights were respected in how they spent their days. During the day, the inspector observed that the atmosphere was calm and the centre was well managed. Call bells were responded to in a timely manner and residents requests were facilitated in a kind and compassionate way.

Following an opening meeting, the inspector was accompanied on a tour of the premises by a member of management. It was apparent on feedback throughout the day from residents, relatives and staff that the person in charge and staff team were committed to providing quality care while respecting residents' choice and independence. The design and layout of the centre promoted a good quality of life for residents. The centre was clean, warm and well-maintained throughout. Residents had access to a number of communal spaces on each floor, including a sitting room and a dining room, which were clean and tidy and furnished comfortably for residents' use.

The centre is located close to Mullingar town and is a purpose built two-storey building behind the local hospital. Bedrooms were personalised with ornaments, photographs and small items of furniture and from home, which suited their individual needs and preferences. The bedrooms were also observed to have sufficient storage for residents' personal possessions. All bedrooms had en suite facilities and ceiling hoists in place when required.

There was a well maintained courtyard garden in the centre which was nicely decorated with plants and shrubbery and contained year round garden furniture. Residents and families had access the courtyard garden when required. There were safe wide paths for residents to safely mobilise along and to view the planting. A resident reported they enjoyed watching wild life from their window, and commented that birds frequently visited the garden, especially the terraced garden upstairs.

Residents spoken with said that there were plenty of activities to choose from. An activities schedule was on display on each floor, and the inspector observed that residents could choose to partake in art, bingo, singing and dance. On the day before the inspection, there was a birthday party which was enjoyed by many residents. The inspector observed a small mobile bar on wheels which was used during special occasions like birthday parties for residents and families in

attendance. Residents had recently attended a day trip out to a local garden centre and told the inspector they enjoyed and looked forward to outings. A planned visit from an Elvis impersonator was due to take place the following day of the inspection. The centre had a varied and fun variety of activities available for residents to choose from if they wished to participate.

Overall, there was a warm and open atmosphere in the centre. Some residents spoken with had lived in the centre for many years, while others had been recently admitted. All expressed satisfaction and content living in the designated centre and felt at home.

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

Capacity and capability

The inspection found that designated centre was well-managed for the benefit of the residents who lived there. There were systems to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted.

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector also followed up on the compliance plan actions that the provider had committed to take to address the findings of the previous inspection in May 2023. On this inspection the provider was found to have implemented the majority of their compliance plan however there were some regulations that required additional actions to ensure full compliance with Regulation: 17 Premises and regulation 28: Fire precautions.

The registered provider for this centre is the Health Service Executive. The centre is registered to accommodate 44 residents. The inspection was facilitated by an experienced clinical nurse manager as the person in charge was on planned leave. The person in charge was supported in their role by a registered provider representative and a general manager of the Health Service Executive. The management team were supported by two clinical nurse managers, registered general nurses, a domestic supervisor, health care assistants, multi task attendants and other ancillary staff.

The inspector reviewed the minutes of governance and staff meetings which had taken place. This assured the inspector that there was good oversight of the service being provided to residents and that any risks or issues identified were addressed. The management systems in place supported that the service provided was safe, appropriate, consistent and effectively monitored. An annual review of the quality of

the service in 2023 had been completed. There was an audit schedule in place to monitor the standards of care provided. Clinical audits were comprehensive and completed regularly to oversee the care provided. Results of audits confirmed high levels of compliance and where improvements were identified there were appropriate action plans implemented and reviewed. The schedule of planned audits included falls, skin care, care plans, restraints, medication management and infection control.

Although the centre had sufficient staff resources in place to meet the needs of residents the provider had not re appointed an assistant director of nursing to support the person in charge in their role. Nursing and health care staff were supervised by clinical nurse managers and supported with providing care to residents. A review of rosters confirmed that arrangements were in place to maintain staffing levels and cover staff absences.

Records reviewed on inspection confirmed that management meetings which provided oversight of the service were held in November 2023 and February 2024. Incidents were recorded appropriately and plans put in place to mitigate the risks. The provider had completed a comprehensive annual review on the quality and safety of care for 2023. Governance and management meetings were held to discuss the operations in the centre which included quality and risk, incidents and areas of the service requiring improvement. Overall there was good oversight of the service being delivered to residents in the centre, that ensured care provided was effective and that residents were supported to live a good quality of life.

The inspector noted that there was sufficient oversight by management in planning and scheduling mandatory training for all staff employed in the centre. The training matrix in place was reviewed and it was found that all staff had completed mandatory training which included online and face to face training. Manual handling training was taking place on the day of inspection and further training in fire safety and infection prevention and control had been scheduled for February and March 2024.

Written policies and procedures to inform practice were available and there was a system in place to ensure that policies, procedures and practices were regularly reviewed.

The inspector reviewed a sample of staff files and found that they were in line with the specified information required by the regulations.

There was a complaints policy and procedure in place to deal with complaints received from residents or family members. The policy outlined the key stages of how a complaint was to be dealt with including investigation, feedback, review and appeal. It contained information for residents and families on independent advocacy services available and was on display at reception in the centre. Residents spoken with during the day of the inspection indicated that they were aware of the complaints process and said they could raise a concern or complaint with any member of the staff team. Staff spoken with confirmed that they were aware of the

complaints policy and saw their role as supporting residents to use the complaints procedure when required.

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents. This was in line with the roster on the day. The inspector reviewed the roster for the previous two weeks and was assured that there were appropriate numbers of staff on duty during the day and night time to care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and were appropriately supervised by the clinical nurse manager and registered nurses during the day. A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend such as wound management, medication management, dementia, infection prevention and hand hygiene.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed four staff files and found that they all contained the prescribed information required including garda vetting and recent references of employment. Files were stored securely.

Schedule 5 policies and procedures were made available to the inspector and were easily accessible to staff if required.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not appointed an assistant director of nursing to support the person in charge in the governance and management of the centre. In addition the absence of an assistant director of nursing did not ensure that there were appropriate deputising arrangements in place as set out in the centres statement of purpose.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints received by the provider and this policy and procedure had been updated to incorporate amendments made to this regulation by recent statutory legislation.

The inspector reviewed the complaints log and confirmed that the provider had received some complaints since the last inspection. Of the four complaints reviewed by the inspector it was clear that each complaint had been managed appropriately, had recorded the outcomes and satisfaction of each complainant and closed off in line with their policy.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and were supported by staff who were caring and knowledgeable of each resident. Residents were encouraged and reassured with their activities of daily living and inspectors observed that residents were consulted and offered choice in relation to the care provided. Their health and social care needs were met by timely access to health care and an activities schedule which was varied and interesting. Residents were encouraged to participate in the running of the centre by frequently attending resident meetings.

Residents could receive visits from their family and friends whenever they wished and had access to multiple areas which included a visitors room, lobby and a well maintained courtyard garden. Visitors were welcomed by staff during the day of inspection.

The premises were well maintained to a high standard and communal facilities were spacious and comfortable for residents to enjoy. Each bedroom had a built in ceiling hoist if required by high dependency residents and there was sufficient equipment available such as comfort chairs, pressure relieving mattresses and cushions.

Bedrooms were suitable for the assessed needs of the residents living in them and many of the rooms had been decorated with the residents own personal belongings. Wooden shelving and matching storage units had been added to the bedrooms which added to the homely appearance and provided residents with generous storage and space to display their belongings.

Inspectors found the centre was exceptionally clean and bright throughout. There were sufficient cleaning staff on duty and equipment and supplies of personal protective equipment (P.P.E) were readily available. Cleaning staff spoken with demonstrated a good knowledge of their cleaning schedules, cleaning products and appropriate infection prevention and control systems in place. There was appropriate separation of clean and unclean items during cleaning and laundry processes. Inspectors noted that staff had a good working knowledge of infection, prevention and control.

Residents had unrestricted access to all area's of the centre including the internal courtyards. The centre was bright and maintained to a high standard, however further attention from the provider was required regarding the storage of equipment and supplies within the centre.

Many works of art made by the residents living in the centre were displayed along the corridors which added to the homely feeling and provided points of interest as you walked around the centre. Many of the bedrooms and communal area's over looked views of the courtyard and front garden.

Comprehensive assessments had been completed for all residents on admission and a person centred care plans were in place to reflect the information obtained from each assessment. Residents families were consulted as part of the care planning process especially when obtaining information in relation to the key to me section. Care plans had been formally updated at the required intervals and also when there was a change in the residents condition.

Residents who spoke with the inspector expressed satisfaction with the food, snacks and drinks. Inspectors reviewed four resident care plans. One resident was on a diabetic restrictive diet and another on a mince moist diet to assist with swallowing. Both care plans reflected appropriate care being provided. A Mini Nutritional Assessment (M.N.A) was performed on admission and every four months or more regularly if required. Based on the assessments, the care plans contained factors impacting on residents nutrition including, likes, dislikes, ability, required food textures, required fluid consistency, dietary need and level of assistance required for mealtimes. In conjunction with the dietitian, the chef ensured that the menu was nutritionally balanced for the needs of residents. Food menus were available in the dining room and residents were consulted on choosing their meals on the day and the day before. The inspector observed a positive and social dining experience for residents at breakfast and lunchtime and staff supported and assisted residents in a patient and dignified manner.

There was evidence of good oversight of fire precautions in the centre. Resident personal emergency evacuation plan (P.E.E.P's) were in place and updated when

required. Simulated fire drills were available to review and contained a more comprehensive account of the evacuations carried out, the needs of the residents evacuated, and a review of how effective the evacuation in order to identify further improvements. Records relating to the servicing of fire equipment and the management of the fire system were in date. Staff were able to confirm their attendance at fire safety training and were able to discuss the fire procedure and their role in ensuring residents were kept safe from the risk of fire. However, greater oversight of daily checks that all fire escapes were clear in the centre was identified and discussed at feedback on the day.

Regulation 11: Visits

There was no visiting restrictions in place and relatives were allowed to visit freely throughout the day. Visits by residents' families and friends were encouraged and the inspector observed and spoke with visitors attending the designated centre on the day. They could meet in private or in several communal area's throughout the centre.

There was a signing in register in place for all visitors to complete which requested information on the day, time and name of the visitor.

Judgment: Compliant

Regulation 17: Premises

Further improvements were required to ensure that there was adequate suitable storage in the designated centre;

- the layout of a number of store rooms did not ensure that equipment and supplies could be stored off the floor. For example, three store rooms had boxes of health care and kitchen supplies stored on the floor.
- the equipment store room upstairs was extremely cluttered with wheelchairs, mattresses and other equipment, some of which was in need of repair or disposal.
- the housekeepers rooms were too small to accommodate the storage of domestic cleaning trolleys.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed a mealtime sitting in the dining room and was reassured that residents were offered choice and were supported with eating and drinking. There was adequate quantities of food available and it appeared wholesome and nutritious. Residents were observed enjoying and finishing their meals. Staff provided assistance to residents in a respectful and patient manner.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of health care associated infection published by the Authority were implemented by staff. This was evidenced by:

- The allocation of sufficient staff resources to clean and maintain the centre.
- Staff were observed completing hand hygiene between points of care and personal protective equipment was worn appropriately.
- There was sufficient clinical hand wash sinks in place throughout the centre and wall mounted hand sanitizers.
- The centre had sufficient sluicing facilities in place on each floor of the centre.
- There was effective management of laundry facilities in place to ensure clean and soiled laundry did not come into contact.

Judgment: Compliant

Regulation 28: Fire precautions

Two emergency exits were partially obstructed with two domestic bins and another with health care supplies. These were removed immediately during the walk around and the importance of keeping fire exits clear were reiterated at the feedback meeting.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector requested specific care plans to review wound care, challenging behaviour, a new admission and safeguarding. Each care plan had comprehensive assessments completed on admission and there was evidence of the care plans being completed with the residents next of kin. Care plans had been formally

reviewed at the required intervals and were up dated when a residents condition changed. Care plans were person centred and included details of the residents daily routines and their likes and dislikes.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant

Compliance Plan for Cluain Lir Community Nursing Unit OSV-0000739

Inspection ID: MON-0042856

Date of inspection: 21/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An Interim ADON has been appointed to Nursing Administration since 12th March 2024 to support person in charge in governance and management of centre. This additional resource will ensure appropriate deputising arrangements are in place in line with the Statement of Purpose.</p> <p>The line management structure has been strengthened by the redeployment of an external staff member to backfill the CNM II position.</p> <p>Further interviews are being held week beginning 8th April 2024 for CNM I and CNM II posts in order to have a panel of candidates for succession planning.</p>	
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"> • All boxes of stores and equipment have been removed from store rooms, system for daily checking of store rooms to prevent reoccurrence has been implemented. System to check requisition of stores prior to submitting implemented to prevent excessive ordering of stores items. • All superfluous equipment has been removed from upstairs equipment store room with appropriate disposal of broken equipment. System for reporting broken equipment to maintenance department in place and reiterated to staff. • Reconfigure available storeroom to ensure accommodation of domestic cleaning trolleys. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Permanent removal of domestic bins from the area. Reiteration of fire safety precautions to be part of daily safety pause and to be included as recurring theme on all governance and staff team meetings. Annual mandatory fire training for all staff.</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	30/03/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	12/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	22/02/2024

