



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Merlin Park Community Nursing Unit 5 & 6
Name of provider:	Health Service Executive
Address of centre:	Merlin Park, Galway
Type of inspection:	Unannounced
Date of inspection:	20 April 2021
Centre ID:	OSV-0000635
Fieldwork ID:	MON-0032553

About the designated centre

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

Merlin Park Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located within the grounds of Merlin Park Hospital. The centre is made up of two single storey adjacent buildings referred to as Unit 5 and Unit 6, they can accommodate up to 52 residents. It is located to the East of the City of Galway with easy access to local amenities. The service provides 24-hour nursing care to both male and female residents. Long-term care, short term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation in Unit 5 is provided in four single bedrooms and six multi-occupancy rooms, bedroom accommodation in Unit 6 is provided in 12 single bedrooms and four multi-occupancy rooms. Multi-occupancy bedrooms accommodate three to four residents and have shower and toilet facilities en suite. One single bedroom has en suite bathroom facilities. There are a number of toilets and one assisted shower room in unit 5 and two assisted shower rooms in unit 6 available to other residents occupying single bedrooms. There is a variety of communal day spaces provided in each unit including day rooms, dining rooms and conservatories.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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
Tuesday 20 April 2021	09:30hrs to 17:00hrs	Mary Costelloe	Lead
Tuesday 20 April 2021	09:30hrs to 17:00hrs	Sean Ryan	Support

What residents told us and what inspectors observed

The inspectors met the majority of residents present during the inspection and spoke to approximately six residents in more detail. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. They told the inspectors that they had regular discussions with staff about the pandemic and how they had been provided with lots of information.

The inspectors arrived unannounced to the centre and the person in charge guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspectors carried an inspection of the premises, where they also met and spoke with residents in the day rooms and in their bedroom areas.

On the morning of inspection, most residents were seen to be up and about, a small number of residents were still in bed, some were relaxing in their bedrooms while others were having mid morning snacks in the day rooms. Some residents were observed reading the newspaper, others were completing artwork while listening to background music of their choice. Residents told inspectors how they had enjoyed completing a large crossword as a group the day before the inspection.

Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and that there had been no outbreak of the COVID-19 virus in the centre. Because of the COVID-19 pandemic, the normal routine and schedules of the centre had been disrupted by the restrictions in place. Residents told the inspectors how they hoped that normal routines would return soon. In particular, they told inspectors how they had missed celebrating mass and receiving holy communion in the centre. They stated that they looked forward to the local priest returning to visit them and being able to visit the church located on the grounds. They advised that they continued to recite the rosary on a daily basis.

Throughout the day, residents were observed partaking and enjoying a number of individual and small group activities. There was an activities coordinator allocated to each unit, they were seen to encourage participation and stimulate conversation. The daily activities schedule was displayed in each day room. Residents told inspectors how they enjoyed a range of activities including knitting, artwork, sing songs, reminiscence, music videos, old movies, imagination gym and bingo.

Some residents said they were grateful for mobile phones, Skype and technology which they said helped them stay in contact with their families. There were a number of hand held devices and large computer available for residents use. Some residents availed of the devices to view videos on their interests and hobbies, others

used it to virtually attend mass. One resident spoken with told inspectors that there had been an on-going issue in relation to access to Wi-Fi in the centre, that he regularly could not access it and therefore could not use his hand held device to view films and newspaper headlines.

The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

Residents spoke of their delight that visits to the centre had recommenced. Visits were now being facilitated by arrangement and were taking place in the conservatory areas of both units. Visitors could access the visiting areas directly from outside the building and social distancing could be maintained. Residents commented that they were satisfied and happy with the arrangement and confirmed that they had received recent visits and that other visits were scheduled.

Residents had easy access the enclosed garden area, the doors to the garden area were open and it could be accessed from both units. Some residents told the inspectors how they enjoyed being able to get outside, go for a walk around the garden, tend to the plants and flowers and get some fresh air. The inspectors observed that there were several pots and boxes planted with colourful plants and flowers. There was colourful wooden garden furniture available for residents to sit and relax. The area was seen to be well maintained.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. The daily menu was displayed which offered choice. Residents spoken with confirmed that they could raise any issues regarding the choice on menus with the person in charge and at the resident committee meetings. The inspectors observed that a variety of snacks and drinks were offered between meals times. The inspectors noted that modified diets were attractively presented. Residents were appropriately supported at mealtimes to go at their own pace and were served in accordance with their choices.

The centre comprised of two distinct units and was originally designed as a hospital. The general layout had not changed and the centre still resembled a hospital-type setting. At the time of this inspection there were 12 residents residing in Unit 5 and 15 residents residing in Unit 6. Many of the bedrooms were vacant and others were not fully occupied. Nursing management advised inspectors that due to the pandemic there were currently no respite residents being admitted and two of the larger bedrooms in each unit had been designated and kept vacant for isolation purposes in the event of an COVID-19 outbreak as part of the centres contingency plan.

The inspectors observed that while that there have been efforts to improve the decoration of the living environment, in particular the entrance areas, the communal day spaces, new furniture for personal storage and colourful soft furnishings such as blinds and screening curtains provided to bedrooms to make them more homely, many of the multi-occupancy bedrooms did not provide an environment that promoted person centered care. There were two showers available for residents

occupying the 12 single bedrooms in Unit 6. The showers were located on the opposite side of the main corridor. One of the shower rooms was located a substantial distance away from the bedrooms, residents were required to pass through communal corridor spaces which impacted upon residents' choice, privacy and dignity. There was inadequate storage for equipment and other items in both units. Inspectors observed that equipment including laundry and cleaning trolleys, hoists, specialised equipment, personal protective equipment (PPE), items of furniture were stored inappropriately in bedrooms and shower rooms.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms, laundry and sluice facilities were found to be visibly clean. There was a contract cleaning team employed with two cleaners on duty in both units on the day of inspection. There was ongoing maintenance taking place. Inspectors observed that painting and decoration was taking place and the emergency lighting system was being upgraded.

There was ample space on corridors for the movement of any specialised or assistive equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors. Residents in wheelchairs were observed to be moving about as they wished within the centre.

Staff had ready access to hand wash facilities throughout the centre. In addition there were wall mounted hand sanitizing dispensers at the entrance to the centre, on the corridors and in the communal areas, these were seen to be used throughout the inspection by staff.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

This risk-based inspection was carried

- following an application to the Chief inspector to renew registration of the centre
- to follow up on non-compliance's identified during the last inspection
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The provider of this centre was the Health Service Executive (HSE). The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure. The management team consisted of a general manager, a manager of Older Persons Services and the person in charge.

The person in charge had been recently appointed, however, the documents as required by the regulations had not been submitted in respect of the new person in charge at the time of inspection. The person in charge worked full time in the centre, the clinical nurse manager (CNM) supported the person in charge in her role and deputised in her absence. There were clear lines of authority and accountability. There was an on call out-of-hours system in place.

The application for the renewal of registration of the centre was not accompanied by full and satisfactory information as set out in the regulations. There was contradictory information provided in the application to renew registration, the statement of purpose and the accompanying floor plans for the centre. Prior to this inspection the provider was requested to review the documents and to resubmit accurate and full information. The requested updates were submitted.

The findings from this inspection showed that many non compliance's identified during the last inspection had been addressed. However, further oversight was required particularly in relation to Regulation 23:Governance and management, Regulation 17: Premises and Regulation 28: Fire precautions.

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. The management team ensured that safe and effective recruitment practices were in place. Files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures.

There was a training schedule in place and training was scheduled on an on-going basis. Nursing management advised that most staff had completed mandatory training in fire safety, manual handling, safeguarding and infection prevention and control. However, the training matrix was not fully up-to-date and therefore the inspectors could not accurately determine how many staff had completed this training. Nursing management told inspectors that nursing staff had completed medicines management training during 2020, however, training certificates were not available. Inspectors observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing personal protective equipment (PPE) in line with the national guidelines.

There was a COVID-19 contingency plan in place, however, inspectors noted that it required review and updating to accurately reflect the arrangements for isolation of residents if required in the centre. Staff have been trained in the detection of COVID-19, and had been provided with up-to-date information in relation to the current symptom profile of the virus. While the majority of residents and staff had received their COVID-19 vaccinations, observations continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

There were systems in place to review the quality and safety of care in the centre, there was an audit schedule in place however, the annual review on the quality and safety of care in the centre had not been completed for 2020. Inspectors noted that

audits completed were informative and had identified issues which had led to improvements in the centre.

The provider continued to consult with residents. Residents spoken with confirmed that they could raise any issues of concern. Regular resident committee meetings were held and feedback was sought from residents to improve practice and service provision. The inspectors reviewed minutes of recent meetings and noted that issues raised by residents had been acted upon.

There was on-going issues relating to the premises, particularly in relation to the multi-occupancy bedrooms, inadequate storage space for equipment and the number and location of the showers. The provider had previously committed to building a new 60 bed unit in order to address the regulatory non-compliances associated with the current physical premises. The plan was due to be concluded by 31 December 2021 in order to comply with condition 8 attached to the registration certificate. The general manager of older person's services advised inspectors that plans to build the new unit on the grounds of Merlin Park hospital was in the planning appeal process stage which was due to close on 23 April 2021. The general manager advised that they intended to proceed quickly with the build once planning permission was granted.

The management team was aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required throughout the COVID-19 pandemic had been submitted.

Inspectors were satisfied that complaints were generally managed in line with the centre's complaints policy. Residents spoken with were aware of the complaints' process and staff were knowledgeable regarding the complaints procedure in the centre. However, some improvements were required to ensure that documentation to support complaints management was fully completed, that the complaints procedure was prominently displayed and updated to reflect changes to the person responsible for managing complaints in the centre. This is discussed further under Regulation 34: Complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of registration of the centre was not accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2. For example, there was contradictory information provided in the application to renew registration, the statement of purpose and the accompanying floor plans for the centre.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge had recently been appointed to the post. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She had the required experience and qualifications for the post.

She was observed to have a strong presence within the centre and was committed to providing a good service. She demonstrated good clinical knowledge and knew the individual needs of each resident. A clinical nurse manager deputised in her absence.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the support requirements of residents in line with the statement of purpose. There was normally four nurses and six care staff allocated to direct resident care on duty during the day time and four nurses and two care staff on duty at night time. The staffing compliment included laundry, catering, activities coordinators and administration staff. The person in charge worked full-time in a supernumerary position and was normally on duty during the weekdays. The CNM worked during the week days and during alternate weekends.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training schedule in place and training was scheduled on an on-going basis. Nursing management advised that most staff had completed mandatory training in fire safety, manual handling, safeguarding and infection prevention and control. However, the training matrix was not fully up-to-date and therefore the inspectors could not accurately determine how many staff had completed this training. This non compliance is included under Regulation 21: Records

Judgment: Compliant

Regulation 21: Records

Improvements were required to some records that were required by the regulations.

An up-to-date record of all training provided to staff was not available. For example, the training matrix was not fully up-to-date and therefore the inspectors could not accurately determine how many staff had completed training. Nursing management told inspectors that nursing staff had completed medicines management training during 2020, however, training certificates were not available and the training matrix had not been updated.

Judgment: Substantially compliant

Regulation 23: Governance and management

Further oversight and monitoring is required by the management team

- to ensure that full and satisfactory information is submitted to the authority in relation to applications to renew registration and in relation to changes in management posts.
- in relation to oversight of fire drills, staff training, assessment and care planning,
- to the systems in place to oversee the quality and safety of care in the centre. The annual review on the quality and safety of care in the centre had not been completed for 2020.
- to address the regulatory non-compliances associated with the current physical premises and comply with condition 8 attached to the registration certificate.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required further updating to reflect recent changes in the management structure.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector

of all incidents as required by the regulations. All notifications as required throughout the recent outbreak of COVID-19 had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Improvements were required to ensure that documentation to support complaints management was fully completed. The complaints records were not fully complete and did not provide all the information required such as the accountable person who managed the complaints and lacked detail regarding the full investigation of the complaints.

The complaints procedure was not displayed in a prominent location in one unit and did not contain up to date information regarding the personnel involved in complaints management.

Judgment: Substantially compliant

Quality and safety

Inspectors found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place. Details of access to advocacy services were displayed for residents.

Residents' lives had been impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. Restricted visiting arrangements were in place, there were no religious ceremonies taking place in-house, activities were limited to small groups and to those facilitated by staff in-house.

The atmosphere in the centre was calm and relaxed. Residents appeared content and those who spoke with the inspectors confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

There were no restrictions on residents' movements within the centre. Residents

were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines. Access was available to private phone lines, internet services and video calls to facilitate residents to stay in contact with their families and keep up to date on outside events.

Residents had been supported to go out on day trips outside of the centre following individual risk assessment. Some residents had recently visited their family home and visited family members. There was a coordinated plan in place to facilitate trips on a weekly basis.

Infection control practices were of a good standard, the premises and equipment used by residents appeared visibly clean. The person in charge had systems in place to monitor and oversee cleaning, environmental hygiene and hand hygiene. All staff had completed training in infection prevention and control and hand hygiene.

Nursing documentation indicated that residents needs had been assessed using validated tools and that care plans were in place reflecting residents needs with the exception of one file reviewed. The care plans reviewed by inspectors provided assurances that a high standard of nursing care was provided to the residents. Care plans were individualised, person centred and generally informative. Staff spoken with were aware of residents individual care needs and referenced the residents care plans to guide the care provided to residents. Residents were assessed for the presence of pain with a validated assessment tool and this was monitored closely by nursing staff. Residents who required wound care were assessed frequently and a treatment regime was detailed in the residents nursing notes and care plan. However, some improvements were noted to ensuring that all residents had a comprehensive admission assessment completed, further oversight was required to ensuring that residents hydration needs were met and to recording the involvement of residents and or their relatives in the development or review of care plans.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with and the management team confirmed that all staff had completed specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The person in charge confirmed that all staff had Garda vetting in place. Robust systems were in place for the management of residents finances.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. The personal emergency evacuation plans for residents were found to be informative and up-to-date. There was a risk register in place and systems in place for the regular review and updating of same. While the management team had developed a COVID-19 contingency plan to assist them in the preparing for and managing of an outbreak, it required review and updating to accurately reflect the arrangements for isolation of residents if needed in the centre.

Issues identified in relation to fire safety at the last inspection had been addressed. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. While fire drills had been completed, further improvements were required to ensuring that records of fire drills undertaken provided assurances that residents could be evacuated safely and in a timely manner. This is discussed further under Regulation 28: Fire Precautions.

The centre normally operated an open visiting policy but due to the Covid-19 pandemic visiting restrictions were in place in accordance with national guidance. At the time of inspection, visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents.

As discussed under the capacity and capability section of this report and highlighted in previous reports, there are issues relating to the premises, particularly in relation to the multi-occupancy bedrooms, inadequate storage space for equipment and the number and location of the showers. This is discussed further under Regulation 17: Premises

Regulation 11: Visits

Visits were being facilitated by appointment in the conservatories in both units. Visitors could access the conservatories directly from outside of the building, social distancing could be maintained and arrangements were in place for cleaning of the areas between visits. Visits were facilitated seven days a week. Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 17: Premises

- Many of the multi-occupancy bedrooms did not provide an environment that promoted person centered care which impacted negatively on privacy and dignity of residents living there.
- There were two showers available for residents occupying the 12 single bedrooms in Unit 6. The showers were located on the opposite side of the main corridor. One of the shower rooms was located a substantial distance away from the bedrooms and residents were required to pass through communal spaces which impacted upon their choice, privacy and dignity.
- There was inadequate storage for equipment and other items in both units. Equipment including laundry and cleaning trolleys, hoists, specialised equipment, personal protective equipment (PPE), items of furniture were

stored inappropriately in bedrooms and shower rooms

- There was no dedicated visiting space available to residents who wished to meet with visitors in private.
- Inspectors were informed that a communal day room in unit 5, used for dining and recreational activities was being converted into a physiotherapy room. This would impact negatively on the available communal day space for residents in the unit.

Judgment: Not compliant

Regulation 26: Risk management

The COVID-19 contingency plan required review and updating to accurately reflect the arrangements for isolation of residents in the centre. The arrangements outlined for isolation of residents in the event of an outbreak were not specific to the centre. This posed a risk as it did not outline clear guidance for staff in the event that some residents needed to be isolated.

Judgment: Substantially compliant

Regulation 27: Infection control

On the day of inspection, infection control practices were observed to be a good standard

- the premises and equipment used by residents appeared visibly clean.
- there was a dedicated cleaning team employed.
- there were ample supplies of personal protective equipment (PPE) available.
- staff had access to PPE and there was up to date guidance on it's use.
- staff had completed training in infection prevention and control and hand hygiene.
- staff were observed to be wearing surgical face masks as per the relevant guidance.
- staff had access to clinical hand wash basins and alcohol gel dispensers were available and observed in use throughout the building.
- the water supply continued to be monitored for Legionella and there was a daily flushing programme in place. One recent sample taken from from a clinical wash hand basin in a bedroom had identified low levels of Legionella, this room was not in use a the time of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to fire drill documentation to provide assurances that residents could be evacuated safely and in a timely manner. Records reviewed of the last two fire drills which took place in March 2021 lacked information and details. They did not provide information regarding the scenario, they did not include the number of residents accommodated and evacuated from the fire compartment and there was no information included regarding the evacuation needs of residents evacuated. There was no recent fire drill of a night time scenario.

The fire plans displayed in Unit 5 were inverted and therefore confusing. This posed a risk in the event of fire if persons were unfamiliar with the layout of the building.

Substantial fire safety works had been completed prior to the last inspection in February 2020. The person in charge at that time had undertaken to have a follow-up fire safety audit completed by the fire safety engineer to ensure full compliance with the works completed. This follow-up fire safety audit had not been completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Issues identified in relation to medicines management at the last inspection had been addressed and many improvements were noted.

Systems were in place for the supply and return of medicines to the pharmacy.

Medicines were appropriately prescribed and administered to residents in accordance with the direction of the prescriber and were stored and managed in line with relevant legislation and guidelines.

Medicines were reviewed regularly by the GP and evidence of review was recorded in the residents files.

The inspectors viewed the log books for emergency medication, controlled drugs and a sample of medicine administration records and found them to be completed in line with relevant legislation and professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required to ensure that all residents had a comprehensive admission assessment completed which captured each resident's physical, psychological, spiritual and social needs. For example, of the files reviewed, one resident admitted to the centre did not have a comprehensive admission assessment of needs recorded and consequently, a corresponding care plan addressing some of these aspects of care was not developed.

Residents hydration needs were monitored but further oversight was required to ensure that the individual care needs outlined in the care plan were aligned with the instructions given to staff. For example, fluid intake records did not align with the guidance contained in the residents care plan.

Care plans were reviewed regularly by nursing staff but consultation with the resident and their family or representatives was not evidenced in the resident's records reviewed by inspectors.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry of later life, and dietetics. The physiotherapist and occupational therapist visited the centre on a weekly basis. Residents that required assistive devices and equipment to enhance their quality of life were assessed and appropriate equipment provided.

Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition needs were met. There were no wounds reported in the centre at the time of inspection but staff spoken with confirmed the procedure for referral to tissue viability expertise and detailed the process for recording wounds and tracking progression. Residents at risk of impaired skin integrity had specialised pressure relieving equipment in place and a nutritional care plan as recommended by a dietitian or GP.

Judgment: Compliant

Regulation 8: Protection

The person in charge confirmed that Garda Siochana (police) vetting was in place

for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case.

The provider acted as pension agent for four residents and the inspectors were satisfied that accounts were managed in line with the Department of Social Protection guidelines.

An allegation of abuse since the previous inspection had been notified and managed appropriately in line with their safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

While improvements continued to be made to ensure that residents rights were upheld, issues identified and already discussed in relation to the premises impacted upon residents choice, privacy and dignity.

Many of the multi-occupancy bedrooms did not provide an environment that promoted person centered care which impacted negatively on privacy and dignity of residents living there.

There were two showers available for residents occupying the 12 single bedrooms in Unit 6. The showers were located on the opposite side of the main corridor. One of the shower rooms was located a substantial distance away from the bedrooms and residents were required to pass through communal corridor spaces which impacted upon their choice, privacy and dignity.

Improvements were required to Wi-Fi availability throughout the centre to ensure that residents could access information using media devices.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Merlin Park Community Nursing Unit 5 & 6 OSV-0000635

Inspection ID: MON-0032553

Date of inspection: 20/04/2021

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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <ol style="list-style-type: none"> 1. All relevant documentation forwarded to application office 'dcop@hiqa.ie' on 30th March. 2. A detailed floor plan with the plan of the Main kitchen was posted to HIQA <p>Proposed Timescale for completion: Person Responsible: Status Action 1: 31stMay 2021 PIC Complete Action 2: 31stMay 2021 PIC Complete</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> 1. All mandatory training to be completed see below 2. Training matrix updated as training completed. 3. Training that were due for renewal have been booked: CPR completed 4th, 11th, 19th May. <p>Proposed Timescale for completion: Person Responsible: Status Action 1: 31stMay-30 th June 2021 PIC/CNM2 In Progress</p>	

Action 2: May- June 30th 2021		PIC/CNM2	In Progress
Regulation 23: Governance and management		Not Compliant	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Action 1: All documentation with changes in management posts to be submitted: Garda Vetting: on PIC is updated on staff file. Change in PPIM role has been notified. Application for registration information submitted.</p> <p>Action 2 All the records to be completed for staff training, assessment, and care planning (Care plans course on HSE Land to be completed by staff nurses).</p> <p>Action 3: Night time fire drill simulations completed and learning incorporated into evacuation protocols</p> <p>Action 4: The annual review on the quality and safety of care in the centre is completed for 2020.</p> <p>Action 5: Planning permission has been received for a new build to replace Merlin Park CNU with the tender process underway</p> <p>Proposed Timescale for completion: Person Responsible: Status</p> <p>Action 1: 30 th April 2021 PIC Completed</p> <p>Action 2: May-June Complete June 30th 2021 PIC/CNM2 In Progress</p> <p>Action 4 : May 30th 2021 PIC/CNM2 Completed</p> <p>Action 3: Immediate PIC/CNM2 Ongoing</p> <p>Acton 5: Planning permission granted 29/04/21 HSE Estates In Progress</p>			
Regulation 3: Statement of purpose		Substantially Compliant	
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Action 1: Statement of purpose updated on 21/04/21 to reflect the recent changes.</p> <p>Proposed Timescale for completion: Person Responsible: Status</p> <p>Action 1: 30 th April 2021 PIC Completed</p>			

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Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 The complaint management information is updated
 Action 1: Complaint officer name and picture is now posted in both units
 Action 2: Easy read complaints procedure poster is now displayed in both units

Proposed Timescale for completion: Person Responsible: Status

Action 1: 30 th April 2021	PIC	Completed
Action 2: April 30th 2021	PIC	Completed

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Action 1: In conjunction with residents in shared rooms and their families every effort has been made to personalize the resident's spaces as best as possible. Due to a reduction in occupancy and applications for admission all residents in multi -occupancy bedrooms have been offered alternate single room accommodation with just one resident taking up the offer and relocating

Action 2: All residents are transported to shower in dignified manner. Due to the reduced occupancy these two showers are currently only serving four residents. Residents have been offered the choice of relocating near the showers and toilets have wished to remain in own bedrooms.

Action 3: A review of storage has occurred where multi-occupancy rooms storage area will be identified for the resident's within that room. Storage areas been organized, and equipment not required removed

Action 4: Visitors are now visiting within residents own bedrooms if required following consultation with infection control and with individual risk assessments carried out. The conservatory in both units is dedicated visiting room which is a private area and is done in a scheduled manner.

Action 5: The day room in unit 5 has been converted back into dining and recreational activities.

Action 6: The Notification of Grant for permission for the CNU Merlin Park has been granted on 29/04/21.

Proposed Timescale for completion: Person Responsible: Status

Action 1 Immediate and completed

PIC Completed

Action 2: Immediate PIC Completed

Action 3: 1st August 2021 PIC In progress

Action 4: Immediate PIC Completed

Action 5: Immediate PIC Completed

Action 6: Planning permission granted 29/04/21 Estates In Progress

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

Action 1: The contingency plan has been updated outlining the isolation area for residents

Proposed Timescale for completion: Person Responsible: Status

Action 1: 1st May 2021

PIC

Completed

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Action 1: Fire drill documentation has been drafted and completed on 21/04/21 morning and nighttime scenario. Fire drills have occurred and the learning for same discussed with the team.

Action 2: The fire plans displayed in Unit 5 were updated.

Action 3: The company responsible for the fire audit has been requested to complete this piece of work- update will be forwarded to HIQA once received.

Proposed Timescale for completion: Person Responsible: Status

Action 1: 1 st –May 2021	PIC/CNM2	Completed
Action 2: 1 st May 2021	PIC	Completed
Action 3: 1st August 2021	PIC /Maintenance /Estates In Progress	
Regulation 5: Individual assessment and care plan	Substantially Compliant	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Action 1: Short stay residents are now having comprehensive admission assessment of needs recorded with a corresponding care plan developed for all residents’ including short stay. Action 2: An audit of resident’s fluid intake output need has been completed with good compliance noted. All staff are informed to complete fluid intake and output documentation as per residents care needs as standard practice</p> <p>Action 3: Care plan are now devised with a formal meeting with residents and their family representative to comply and agree the care plan.</p> <p>Action 4: Care Plans will be regularly audited by Nurse Management to ensure compliance</p> <p>Proposed Timescale for completion: Person Responsible: Status</p> <p>Action 1: 1st May 2021 PIC/CNM2 Completed</p> <p>Action 2: 1 st May 2021 CNM2 Completed</p> <p>Action 3: 1 st August 2021 CNM2 In Progress</p> <p>Action 4: 1st May 2021 PIC/CNM2 Ongoing</p>		
Regulation 9: Residents' rights	Not Compliant	
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Action 1: A review of the multi occupancy bedroom is occurring with an aim to reduce occupancy and maximise the privacy and dignity of the residents living in Merlin. There are four residents utilizing the showers whose privacy and dignity is maintained at all times during proving care needs.</p> <p>Action 2: The Notification of Grant for permission for the CNU Merlin Park is received on 29/04/21 work on new build will commence.</p> <p>Action 3: A full assessment has been completed across the Unit with work to upgrade</p>		

fiber optic data cable in progress.

Proposed Timescale for completion: Person Responsible: Status

Action 1: 1 st August 2021 PIC In Progress

Action 2: Planning permission granted 29/04/21 PIC In progress

Action 3: 1 st August 2021 PIC/Maintenance In Progress

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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Not Compliant	Orange	31/05/2021

	provider.			
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.	Not Compliant	Orange	30/06/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the	Not Compliant	Orange	30/05/2021

	Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	01/05/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2021
Regulation 34(1)(b)	The registered provider shall provide an	Substantially Compliant	Yellow	30/04/2021

	accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/04/2021
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident	Substantially Compliant	Yellow	01/05/2021

	immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/08/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/05/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	01/08/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is	Not Compliant	Orange	01/08/2021

	reasonably practical, ensure that a resident may undertake personal activities in private.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media.	Substantially Compliant	Yellow	01/08/2021