



**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:	Merlin Park Community Nursing Unit 6
Name of provider:	Health Service Executive
Address of centre:	Merlin Park, Galway
Type of inspection:	Unannounced
Date of inspection:	26 February 2025
Centre ID:	OSV-0000635
Fieldwork ID:	MON-0045065

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 one single storey building referred to as Unit 6. The centre can accommodate up to 26 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 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. There are a variety of communal day spaces provided including a day room, a dining rooms and a conservatory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
--	----

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 February 2025	08:55hrs to 16:10hrs	Fiona Cawley	Lead
Wednesday 26 February 2025	08:55hrs to 16:10hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

Inspectors observed that residents living in this centre received a good standard of care and support. Residents were complimentary about the staff in the centre and the care they provided. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

Merlin Park Community Nursing Unit is a purpose-built, single-storey facility, located on the grounds of Merlin Park Hospital, Galway city. The centre provides accommodation for 26 residents. This unannounced inspection took place over one day. There were 24 residents accommodated in the centre on the day of the inspection and two vacancies.

Following an introductory meeting with the director of nursing, inspectors spent time walking through the centre, reviewing the living environment and meeting with residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance with their personal care needs. Staff were observed assisting residents in an unhurried and caring manner. There was a relaxed and friendly atmosphere throughout the centre.

The premises was laid out to meet the needs of residents. Corridors provided adequate space to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. There was ample storage facilities available for equipment and general supplies. The centre was bright, warm, and well-ventilated throughout. Call-bells were available in all areas and answered in a timely manner. The centre was very clean, tidy and well-maintained.

Bedroom accommodation for residents comprised of single and multi-occupancy rooms, a number of which had ensuite bathroom facilities. Residents' bedrooms were spacious and provided residents with sufficient space for personal items. Many bedrooms were personalised and decorated according to each resident's individual preference. There were a number of communal areas available to residents, including day rooms, a conservatory, and a dining room. There was adequate space available for residents to meet with friends and relatives in private. All areas were found to be appropriately decorated, with communal areas observed to be suitably styled and furnished to create a homely environment for residents.

Residents had access to pleasant outdoor spaces which contained garden furnishings and seasonal plants.

Inspectors spent time observing staff and resident interaction in the various areas of the centre. The majority of residents were up and about as the day progressed. Residents were observed to be content as they went about their daily lives, and were comfortable and familiar with one another and staff. Residents were observed

moving freely around the centre throughout the day. Staff supervised communal areas appropriately, and those residents who chose to remain in their bedrooms, or who were unable to join the communal areas were supported by staff throughout the day. Familiar, respectful conversations were overheard between residents and staff, and there was a relaxed, convivial atmosphere in the centre. It was evident that residents' choices and preferences in their daily routines were respected. Inspectors observed that staff were kind, patient, and attentive to residents' needs. Inspectors observed that personal care was attended to a good standard. It was evident from talking with staff that they knew the residents and their individual needs well.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day.

Throughout the inspection, residents were happy to chat with inspectors. Residents told inspectors that they were comfortable and happy living in the centre. Residents said that staff were very kind and caring, and always provided them with assistance when it was needed. Residents told inspectors that they could engage in activities of their choosing. One resident described how they were supported to go out on a regular basis, for example, getting the bus into Galway for shopping or going for a coffee. A number of residents told inspectors that they preferred to spend time in their bedrooms reading or watching television. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. A number of residents were unable to speak with inspectors. However, these residents appeared relaxed and content in their environment.

There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included, quizzes, and arts and crafts. On the day of the inspection, inspectors observed some residents enjoying a game of bingo. Staff were available to support and facilitate residents to be as actively involved in activities as they wished. Residents had access to television, radio, newspapers and books.

Residents were provided with a choice of nutritious meals from a menu that was updated daily. Residents told inspectors that they were satisfied with the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Meals were served to residents in the main dining room. Some residents chose to have their meals in their bedrooms. Residents were assisted by staff, where required, in a sensitive and discreet manner.

In summary, Inspectors found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors found there were effective governance and management systems in place which is evidenced in the high levels of compliance with the regulations found on this inspection.

The registered provider of this designated centre is the Health Service Executive (HSE). The findings of the inspection were that there were effective leadership, use of resources and governance and management systems in place which provided a consistent service, in line with the centre's statement of purpose. There was an established and clear management structure in place, with clear lines of responsibility and accountability at individual, team and organisational level. There was a person in charge in post, supported by a clinical nurse manager, nursing and support staff. Management support was also provided by a director of nursing. The management team were a visible presence in the centre and were well known to residents and staff. This inspection was facilitated by the person in charge and the director of nursing. Information requested during the inspection was provided in a timely manner. The person in charge demonstrated a good understanding of their role and responsibility and was knowledgeable about the requirements of the regulations and standards. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

Inspectors found that the provider had implemented monitoring systems to ensure the quality of the service was safe and effective. There was a quality assurance programme in place including a schedule of clinical and environmental audits which reviewed aspects of the service including medication management, falls management, restrictive practice, infection control, and care planning. Action plans were developed and completed where areas for improvement were identified. In addition, information regarding key aspects of the quality of the service were reviewed by the management team on a monthly basis. This included information in relation to nutrition, skin integrity, care plans, infections, falls, and other significant issues. A number of quality improvement initiatives were under consideration including community gardening, art and culture, and intergenerational programmes. An annual review of the quality and safety of the services had been completed for 2024 and included a quality improvement plan for 2025.

There were systems and processes in place to ensure effective communication between management and staff in the centre. There were regular staff meetings held which discussed a range of topics such as resident care, infection control, safeguarding, communication, training, and other relevant issues. Key aspects of the quality of the service were discussed on a regular basis with staff at the daily 'safety pause' meetings.

There were suitably qualified, competent staff available to support residents' assessed health and social care needs. The team providing direct care to residents consisted of at least two registered nurses on duty at all times and a team of healthcare assistants. The staffing levels and skill mix were appropriate for the occupancy of the centre, and the size and layout of the building. There were appropriate levels of clinical supervision and support provided to all staff. Teamwork was very evident throughout the day.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the Chief Inspector within the time frame specified under the regulations.

The provider had systems in place to ensure that the records were available, safe and accessible, and maintained in line with the requirements of the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and staff had completed all training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. Inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place that outlined the process for making a complaint and the personnel involved in the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for the residents living in the centre. Residents reported that they received good quality care and support from staff who knew them well. Inspectors observed that residents' rights and choices were upheld. Inspectors observed staff speaking and interacting with residents in a kind and respectful manner.

Staff who spoke with the inspector were knowledgeable about residents and their individual needs. A sample of residents' files were reviewed by inspectors. Pre-admission assessments were undertaken by the person in charge in order to determine if the centre could meet the assessed social and health care needs of prospective residents. Following admission to the centre, a range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. These assessments were used to develop an individualised care plan for each resident which addressed the residents' abilities and assessed needs. Individual care plans were comprehensive, with person-centred information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide clear guidance to staff on the supports required to maximise the residents' quality of life. Daily progress notes demonstrated good monitoring of residents' care and support needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. There were systems in place to ensure timely referral and access to allied health and social care professionals. Recommendations made by professionals were implemented and reviewed to ensure best outcomes for residents, as evidenced by the residents' records reviewed.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health care professional.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate

risk assessment and in consultation with the multidisciplinary team and resident concerned.

Inspectors observed that management and staff made efforts to ensure that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. There was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice. Residents had the opportunity to meet together and discuss organisational issues in the centre including activities, meals, safeguarding, and infection control. Residents had access to an independent advocacy service.

All areas of the centre were observed to be very clean and tidy and the premises was well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use. There was an ongoing programme of maintenance in the centre.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition
Residents had access to sufficient quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily to ensure that each resident had a choice at mealtimes including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.
Judgment: Compliant
Regulation 26: Risk management
There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant
Regulation 6: Health care
Residents had access to appropriate medical and allied health care professionals to meet their assessed needs.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant