# Health Information and Quality Authority

## Compliance Monitoring Inspection report

*Designated Centres under Health Act 2007, as amended*

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Clonskeagh Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000491</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Health Service Executive, Clonskeagh Road, Clonskeagh Road, Dublin 6.</td>
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<tr>
<td>Telephone number:</td>
<td>01 268 0300</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:john.odonovan1@hse.ie">john.odonovan1@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Helen Lindsey</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>88</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 13 June 2018 09:00  
To: 13 June 2018 17:00

The table below sets out the outcomes that were inspected against on this inspection.

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<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
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**Summary of findings from this inspection**

Clonskeagh Community Nursing Unit is located in South Dublin and is run by the Health Service Executive. It was purpose built and provides 81 long-term places and 9 respite care places. There is also a separate day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy and occupational therapy on-site.

The centre is a four-story purpose-built building with four units, named Chestnut, Sycamore, Whitebeam and Maple. Accommodation is in place on each unit with a range of single en-suite bedrooms, twin and triple rooms. Full-time, general nursing care is provided with a small number of residents with complex care needs.

The purpose of this inspection was to determine what life was like for residents with
dementia living in the centre. The inspection focused on six outcomes and also followed up on one action from the last monitoring inspection which took place on 28 February 2017. Improvements in care planning had taken place since the last inspection.

A number of residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. Improvements and planning for using a dementia care model was well progressed, with ongoing staff training and review of the suitability of the premises and the environment.

Prior to this inspection the provider had completed a self-assessment document. The judgments in the self assessment identified six outcomes were in substantial or full compliance. The inspector found the provider was in compliance with all but one outcomes reviewed. The inspectors found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff with good communication skills and meaningful activities available.

The staff included suitably qualified people with a good skill-mix to meet the individual needs of residents. Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Good communication was observed and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives fully respected by staff.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall, the care and welfare of residents with a diagnosis of dementia, Alzheimer's and those with cognitive impairments was being well met. The nursing, medical and social care needs of residents' with dementia were met to a high standard. Dementia specific activities including a sensory programme of communication were in place, and staff had been trained to implement the programme. The staff team were moving towards a dementia specific model of care and education, development and planning around this change was in place to support this change.

Residents had access to medical and allied health care professionals, and medical reviews. Residents also had access to a consultant psychiatrist and other acute hospital consultants and referrals were timely. All residents assessed needs were found to be well managed to achieve the best outcomes on a daily and long-term basis. The inspectors saw evidence of comprehensive admission assessments completed prior to admission. Each resident was facilitated to have routine assessments of eyesight and dental screening, and audiology where required. There was clear evidence that all residents had their medical needs including their medicines reviewed by the pharmacist, general practitioner and person in charge. The pharmacist available on site delivered medications when required and conducted audits of medication management practices.

Nursing assessments and care plans were reviewed on a four monthly basis and those reviewed reflected the residents' changing needs. Each need had a corresponding care plan in place reflecting the care required by the resident in order to meet that need. A sample of care plans reviews read by the inspectors were found to be detailed and person-centred. Since the last inspection the provider and person in charge had made improvements with care planning and record-keeping. Staff had received training and support to complete the documentation to the required standards. Admissions took place following referral from the local placement forum. All residents who had been transferred into and out of hospital had copies of their transfer letter from the centre to the acute hospital on file together with nursing and medical transfer letters from the acute hospital back to the centre. Referrals for dental care, physiotherapy and occupational therapy were facilitated.
Staff provided end-of-life care for residents with the support of the general practitioner and the palliative care team if required. Each resident had their end-of-life preferences recorded and a detailed end-of-life care plan in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They also reflected each resident's wishes and preferred pathway at end-of-life. They were detailed and included input from the resident and their next of kin.

The nutritional needs of residents were well met and they were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents, and independent dining was promoted. Residents who required support at mealtimes were provided with timely and discreet assistance from staff. Meals were delivered in heated containers to each unit and served from each unit's kitchenette to a number of dining spaces or to residents' own rooms. The inspectors saw this was provided in a quite, calm and professional manner. Residents were given a choice at each meal time and those residents diagnosed with dementia had their meals with other residents. This was seen to work well for all the residents and plans were discussed to review the colour of plates and settings of tables to promote best practice and this would be done in consultation with residents.

Residents had a malnutrition risk screening tool (MUST) completed on admission and this was reviewed three monthly. Residents' weights were recorded and had their body mass index calculated on a monthly basis. Those with any identified nutritional care needs had a nutritional care plan in place. Nursing assessments for any resident identified as at risk of malnutrition triggered a referral to the dietician. The inspectors saw that residents' individual likes, dislikes and special diets were all recorded and were well known to both care and catering staff. Overall, medicines were managed well and in a safe manner. Some records reviewed of oral nutritional supplements were not consistently signed for by nursing staff. The person in charge undertook to review this on the day of the inspection to ensure the policy was adhered to by all staff.

Where appropriate wound assessments and care plans were in place and records were reflective of care provided. Pressure ulcer prevention and management practice was found to be well managed and all staff were knowledgeable and well informed about skin care.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
Overall inspectors found measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The approach used by staff and management team demonstrated many elements of good practice to safeguard residents privacy and respected the dignity and rights of each resident.

There was an evidence-based safeguarding policy in place. The inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing.

All staff had received training on recognising and responding to concerns and safeguarding vulnerable adults. Reports of any allegations of abuse notified to HIQA had been responded to in line with the policy, and in a timely manner. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive and respectful. They also spoke highly of the care provided by the staff team.

Evidence-based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. The inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia. Training records confirmed that staff had attended training on responsive behaviours and dementia awareness. Further training in communication and dementia care was part of the ongoing training plan for 2018.

Alternatives to the use of any form of restraint are assessed and practices and records were in line with national policy. Staff have up to date knowledge and the use of bed rails is reducing in line with best practice. Residents who required supports in terms of any responsive beahaviours, had detailed assessments completed and supportive care plans were developed, that set out how residents should be supported if they demonstrated responsive behaviours. The inspectors saw that the positive behavioural plans described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. For example, using a low arousal or a sensory approach with some individualized re-direction techniques. Staff were very clear about any actions to take and used clear communication techniques. Staff also considered how residents were responding to their environment and were supporting people to feel calm.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' rights were promoted and dignity was respected. The ethos of the centre to provide a high quality service that promotes dignity, safety, health and well being. This included people living with dementia. Maintaining independence and autonomy was a key part of this approach, which is a consent-led service. The culture centred around a recognized model of care for dementia using an appropriate homely environment. Management and staff had identified an area for improvement to improve resident participation in management and provision of communication through Skype.

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the three communal areas. The overall quality of the interactions was found to be positive and staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspectors formally monitored staff and resident interactions during the day using this tool. Staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspectors observed that the staff helped put the residents at ease. Mealtimes were observed to be a social occasion with residents chatting and all were well supported to enjoy the dining experience.

Residents were observed to be moving throughout the centre, both independently, using mobility aids and with staff assistance. Staff informed the inspectors that there was an open visiting policy, with a visitors sign-in book at reception. Residents could receive visitors either in one of the private rooms, library or in private in their bedrooms or access refreshments in the dining room. The inspectors observed staff knocking on doors before entering residents' bedrooms.

During the inspection, residents were observed sitting outdoors, reading newspapers and attending an arts and crafts session. Residents also told the inspectors they could engage in personal activities in private. Each resident had a private bedroom, with sufficient space for their photographs, mementoes and personal items. A planned sessions of SONAS (a communication sensory therapy) took place. Each resident’s preferences for pastimes and activity was assessed as part of an individual assessment, and all suggestions were acted upon. Family celebrations, birthdays and other occasions were planned for and residents told the inspectors they enjoyed having meaningful things to do. There was an activities plan in place at the centre, with outings planned. For example shopping trips and visits to local parks and landmarks.

There was level access to a safe enclosed outdoor garden for residents with suitable furniture and seating. A fully-equipped hairdressing room was in place to facilitate personal grooming. Residents could also attend a fully-equipped physiotherapy and
Residents had access to the provider representative and could also raise any issues through him or the person in charge. Contact details for advocacy services were listed under the complaints procedure displayed at the centre. Regular resident’s meetings took place and any issues raised by residents during these meetings were submitted to the management of the centre, so they could be addressed. Proposed changes in the centre were discussed and feedback received from relatives and residents, and there was evidence of the voice of the resident in the day to day running of the service. Examples of resident and relatives feedback being acted on were discussed, and this included improvements to day space and mealtimes.

Residents were satisfied that their spiritual and religious needs were met in the centre. A chaplain was also available to support residents. Residents were supported to be connected with the external community. They had access to a wireless internet connection and land-line telephone. Staff informed the inspectors that a number of residents had their own mobile phones and there was access to a computer. Newspapers were delivered to residents on a daily basis, and information was available in all of the units and reception areas. Up to date details and information about service provision was available in an up-to-date resident’s guide. There was good access to television and radio in the centre.

Residents’ civil rights were respected in the centre. Residents were supported to ensure they were registered to vote, or visit the local polling station. Less mobile residents were also facilitated to vote in the centre.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A detailed complaints procedure and policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints. There had been a small number complaints recorded since the time of the last inspection, and records reflected the actions taken and level of satisfaction of the complainant with the outcomes. Staff on each of the four units recorded local issues and actions taken in response to feedback.

The complaints procedure was displayed prominently with leaflets also available. The
Inspectors confirmed that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the provider.

There was a clear appeals process outlined within the policy should the complainant remain dissatisfied. Residents were facilitated if they wished to access independent advocacy supports.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspectors found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care was adequate, with positive staff engagement. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicating in a clear and open manner with residents, offering choice before continuing to assist them.

The inspectors reviewed the planned and actual rota in the centre. The person in charge managed staffing planning and provision. The actual rota was found to be representative of the staff that were on duty during the inspection. The inspectors found that there was an appropriate level of staff supervision in place. Two assistant directors of nursing and six clinical nurse managers overseeing care. An on-call management rota was in place and unanticipated leave was usually covered by existing nursing staff and agency care staff. Registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed and found to be up-to-date for training in fire safety, safeguarding and moving and handling. Staff had received training in dementia care, communication skills and responding to challenging behaviours.

The inspectors confirmed safe recruitment procedures and a sample of staff files were reviewed, volunteers working on activities were interviewed and vetted prior to contact with residents.
**Judgment:**
Compliant

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The location, design and layout of the centre is suitable for the stated purpose and met residents’ individual and collective needs in a comfortable way. The premises is a large purpose-built four storey building in an urban area for older people which included a large number of people living with dementia. Each floor is accessible by stairs and lifts located near the reception area. The centre is located on the Vergemont site and in addition a secure garden area is available, which residents could access from the ground floor dining space.

The layout and design provided a good standard of private and communal space and facilities. Large and smaller quiet sitting rooms were available. Overall, the environment was found to be clean and well maintained throughout. However, storage of full and empty water containers and equipment in some bathrooms was not found to be appropriate. Some improvements were required with maintenance of three fire doors observed to have minor damage, and storage. The person in charge confirmed the fire doors would be reported on the day of the inspection.

Suitable hand rails were available to promote independence and mobility. Good natural light and environmental colours used were contrasting and calming. Ventilation on all floors was found to be adequate. A programme had commenced for making communal spaces more homely and welcoming was well advanced.

Bedrooms were comfortable, had adequate wardrobe space and storage for personal possessions. There were a variety of mainly single and twin rooms, all were ensuite with toilet and showers. There were assisted toilets close to the sitting and dining room areas. There were functioning call bells in all bedrooms, bathrooms and in all communal areas.

The centre and its' grounds were maintained to a good standard. Inspectors observed a good standard of cleanliness throughout, and residents and relatives expressed satisfaction with the facilities provided.

**Judgment:**
Substantially Compliant
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
### Health Information and Quality Authority

**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report\(^1\)**

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<thead>
<tr>
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<tr>
<td>Date of inspection:</td>
<td>13/06/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>20/07/2018</td>
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**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Three fire internal fire doors had minor damage and required repair and review. There was inappropriate storage in bathrooms and corridors in some areas of the centre.

**1. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the

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\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
HSE Fire Officer has received the fire doors referred to in the above inspection report. The Provider has approved the replacement of affected doors. Proposed timescale 31/8/18

Storage in the resident's bathrooms and the corridors has been reviewed by the Person in Charge and the Unit manager. The Provider has approved the provision of external storage to be in place by the 30/10/2018.

Proposed Timescale: 30/10/2018