Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Clonskeagh Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Clonskeagh Road, Dublin 6</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>19 February 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000491</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0023150</td>
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</tbody>
</table>
About the designated centre

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

Clonskeagh CNU is located in South Dublin and is run by the Health Service Executive. It was purpose built and provides 81 long-term care and 9 spaces for respite care. There is also a 16 person 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.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 82 |
**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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 19 February 2020</td>
<td>09:30hrs to 17:00hrs</td>
<td>Michael Dunne</td>
<td>Lead</td>
</tr>
<tr>
<td>Wednesday 19 February 2020</td>
<td>09:30hrs to 17:00hrs</td>
<td>Helen Lindsey</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Residents who spoke with inspectors were very positive about the care and support provided to them by the staff team. Residents said that staff were very helpful and used expressions like 'they cant do enough for you'. Residents also said they found their rooms comfortable, and many had personalised them with photographs and other items of sentimental value.

Inspectors observed resident moving around the centre as they chose. Some were attending a religious service in the main area, and then came back to the units. Others were spending time in the homely sitting areas on the units, either quietly listening to music, or joining in smaller group activities. Some residents spent time in their own rooms, and confirmed their choice to join in or spend time alone was respected.

Meals were served in the dining rooms in the unit, and like many areas in the centre they had been decorated to make them feel more homely and provide a pleasant environment to support the enjoyment and social aspects of coming together for a meal. Other residents were seen to choose to eat their meals in their rooms.

Capacity and capability

Overall this was a well managed centre with staff working well together to ensure that services provided met the need of the residents living in the centre.

There was a stable management team in place with clear lines of accountability and responsibility. The provider had recently appointed a new person in charge however they had worked in the centre for a number of years in a nursing capacity and were familiar with the systems in place to ensure good governance of the centre.

Governance systems in place consisted of the monitoring of care provision through the collection of data through clinical audits. Audits were reviewed within the management team to improve practice and drive quality improvements. The centre had identified a number of key performance indicators to drive quality within the centre and these included focusing on infection prevention, review of falls and restrictive practice. There were a number of management meetings in place to provide oversight and guidance regarding the centre performance.

Staff received regular training to maintain their knowledge and were able to express how training informed their practice when supporting residents. Rosters were reviewed and indicated that there was sufficient numbers of staff available on each
of the units to ensure that residents received timely care and support. There were robust handover arrangements in place between the day and night shift to ensure key resident care information was passed on.

There were good arrangements in place to ensure any feedback or complaint was taken seriously and addressed quickly. Residents knew who to speak with if they had concerns, and there was clear guidance in a range of places through the centre so people knew what action to take.

**Regulation 14: Persons in charge**

The person in charge (PIC) had been in post since January 2020 but was familiar with the designated centre having worked there for a number of years. The person in charge was a registered nurse and had worked in the centre as an assistant director of nurse prior to their appointment as PIC.

The person in charge worked full time in the centre and was involved in the overall governance and management of the designated centre.

Judgment: Compliant

**Regulation 21: Records**

The management team confirmed that all staff working in the centre were garda vetted and had all the required records in place to meet the statutory requirements of schedule two of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Inspectors reviewed a range of other records including resident care records and found them to be well maintained and accessible for inspectors to review.

All records seen were stored securely and maintained according to GDPR requirements.

Judgment: Compliant

**Regulation 23: Governance and management**

There was a clearly defined management structure with identified lines of accountability and responsibility. The person in charge was new to this role however they had worked in the designated centre for a number of years. They were familiar
with the current systems and operational practices in place to ensure effective governance and management of the designated centre.

There were a range of systems in place to ensure effective governance. A system of audits for both clinical and operational practices were in place to monitor services as to their effectiveness. Regular team meetings were held at various levels within the centre to discuss key performance indicators focusing on clinical and operational practices to improve service delivery to the residents.

There was evidence that the designated centre was well resourced. There were sufficient numbers of staff available in the centre to ensure residents were well supervised and cared for. Rosters indicated that where vacancies occurred they were covered by internal staff or by agency cover. The premises was decorated to a high standard with fixtures and fittings well maintained and suitable for the needs of the residents who lived there.

An annual review of quality and safety was available for the inspectors to review. The report indicated that the centre had reviewed its current service provision and devised a quality improvement plan going forward. Residents were consulted through satisfaction surveys and their views and those of family members were include in the annual report.

Judgment: Compliant

**Regulation 34: Complaints procedure**

There was a clear policy in place that clearly set out the procedure to be followed were a complaint was made. This procedure was seen to be followed in practice. Records reviewed of complaints made in the last 12 months showed a timely response and the person in charge worked closely to explain the outcome of any investigations. Examples were also seen where staff both explained improvements made to reduce the risk of an incident occurring again, but also showing them the steps taken to make improvement, such as furniture being moved, or new equipment being provided for example.

An audit had been carried out in the centre to identify if there were any trends, or issues that needed further consideration. There was also centralized oversight to ensure the centre was operating within the wider HSE framework.

There was very clear information about how to provide feedback, or make complaints through the centre, and residents and families confirmed they knew who to speak with and felt confident to raise any issues.
Judgment: Compliant

Quality and safety

The inspectors found that there was a good standard of care being provided to residents with positive outcomes for their health and social well being. Staff were found to be knowledgeable of resident needs and were seen to be respectful and supportive of residents communication support needs throughout the inspection.

There were however improvements required regarding the storage of equipment in communal bathrooms, the adequacy of screening in shared bedrooms along with a number of improvements regarding fire safety.

During the course of the inspection residents were seen engaging in a range of activities in the large communal room, and also in the smaller communal areas. There was a program of organised events including the opportunity to attend religious services, and a range of events for entertainment. There was a large turn out to a live music session on the day of the inspection and many residents were enjoying the opportunity to join in with singing and dancing. In the smaller lounges staff were engaging with residents in a way that was meaningful to them, for example some residents were joining in with a memory quiz, and others were relaxing and enjoying music in an area that had been designed to look like a home scale sitting room. Residents who spoke with inspectors said there was always something going on, but that they could choose when to join in and when to spend time on their own.

Inspectors reviewed a range of documents that provided support staff to know what resident’s interests were. This included a document setting out their life achievements, important events and general interests. There was also a focus on assessing what residents skills were and what type of activities would best suit them. Records showed what activities residents had been involved with, and what was popular, and this helped with future planning to ensure there were opportunities for residents to be involved in activities of their choice.

Regulation 10: Communication difficulties

The centre was actively ensuring that residents with similar abilities were being cared for on similar units, for example residents with early stage dementia were accommodated in one unit whilst residents on another unit may present with mixed dementia’s. The person in charge explained that by supporting and caring for residents with similar abilities this allowed for residents to maximise their potential to remain as independent as possible for as long as possible. This also ensured that...
Residents were not subject to unnecessary restrictions.

Judgment: Compliant

**Regulation 12: Personal possessions**

Residents had adequate wardrobe and drawer storage in their bedrooms in order for them to store their clothes and belongings. Residents could also avail of lockable storage options to store their private possessions. Resident bedrooms provided sufficient space for residents to be able to store and access their mobility equipment without causing hindrance in accessing other areas within their bedroom space.

Resident petty cash and other valuables which the management held on behalf of the residents were stored securely and there were records in place to ensure that residents property was safeguarded.

Laundry was done off-site, with all resident clothing individually labelled and separated in personal laundry bags to reduce the risk of residents’ clothing going missing. Resident’s confirmed that they were happy with the centre’s laundry arrangements and mentioned that the centre often assisted in having their clothing dry cleaned.

Judgment: Compliant

**Regulation 17: Premises**

The centre provided accommodation to 90 residents with 81 beds allocated for long term care and nine beds made available for respite care. The centre was well appointed and designed to meet the needs of the residents who lived there. Residents were accommodated primarily in single ensuite rooms however there were a small number of double ensuite rooms and one three bedded room on each of the four floors that provided accommodation. There was a daycare facility on site however this had no adverse impact on the lives of the residents who lived in the designated centre.

Each floor contained its own dining facilities with two living rooms allocated for resident use. Inspectors noted the centre was decorated to a high standard throughout. There was a range of comfortable seating available to meet the needs of the residents. The centre was well illuminated with appropriate signage available to assist residents orientate themselves around the centre.

Inspectors observed resident using mobility equipment and found that it was well maintained, clean and suitable for its use. Daily checks of equipment in residents bedrooms required improvement however as there were gaps noted in the daily
checks for the rooms inspected.

Resident bedrooms were clean and spacious with storage available for residents to store their personal belongings. Inspectors observed a number of bedrooms where residents had personalised their bedrooms with pictures and ornaments from home.

It was observed that where residents were sharing bedrooms the protective screens available did not maintain resident’s privacy and dignity as they did not cover all of the resident’s private space.

The inspectors found that there were sufficient numbers of bathrooms and toilets available for residents to use. It was noted that bathrooms and toilet facilities had grab rails and shower seats in place. It was observed however that a number of bathrooms were used as storage facilities and therefore were not available for residents use.

Judgment: Substantially compliant

**Regulation 28: Fire precautions**

All staff had received training in relation to fire safety in the centre on an annual basis. Many staff spoken with were able to give examples of drills they had taken part in, and records showed they were carried out regularly. There were records available on each unit that set out the daily, weekly and monthly checks carried out on the premises and fire safety equipment. Certificates were in place to evidence that the fire alarm, emergency lighting and fire extinguishers were checked and serviced on a regular basis.

There was a clear fire safety policy that covered the layout of the building, the equipment available and the roles and responsibilities of staff.

While there were arrangements in place to manage the risk of fire in the centre, further action was required to ensure arrangements would be effective in containing a fire, and that means of escape were adequate.

Inspectors noted the following issues that needed to be addressed:

- a number of fire doors were not closing fully
- fire exit signs provided in the centre did not match those set out on the maps displayed
- some fire plans on display did not direct the reader to the nearest exit
- fire exit signs did not always direct to the nearest exit (for example, out in to the lobby by the lifts)
- some fire exit signage was obscured by decor in the corridors
- fire drills lacked information about how long it would take to clear
compartment, which meant the provided did not have clear information that an evacuation could be carried out effectively

- bedroom doors did not have automatic door closers, and while the policy was for staff to close doors in the event of a fire staff knowledge was not consistent on this
- fire drills did not provide sufficient information to confirm doors were being closed to contain fire, as required by the policy
- there were some flammable items seen in the fire exit routes in the centre

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A comprehensive assessment of residents health and social care needs was carried out prior to residents been offered a placement at the designated centre. This allowed the centre to determine that they could meet the resident’s needs and provided the basis for effective care plans to be created to meet those identified needs.

Care plans reviewed were well written with care interventions easy to follow and monitor for their effectiveness in meeting identified needs. Resident’s views and preferences were incorporated into care plans and where residents were unable to participate the residents family were supported to be involved, this ensured that care plans were resident focused and person centered.

Care records seen indicated that care plans were reviewed on a regular basis or as and when a resident’s health or social care need required a new intervention. Care plans were also reviewed and updated on the recommendation of healthcare professionals.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspectors found that the centre facilitated and promoted residents right to choose and make decisions for themselves. Residents who displayed responsive behaviours were supported in a manner that supported their autonomy but also provided interventions that ensured residents safety and well-being.

In instances where residents had bed rails in place, it was found that there was a clinical rationale in place which informed their introduction and use. There were regular checks recorded to ensure that resident’s safety was adequately monitored and that the use of bed rails was reviewed regularly to ensure that they were still...
Regulation 9: Residents' rights

Residents were supported to spend their time in a way that was meaningful to them. There were a range of activities provided in the centre to cater to the needs of the residents, in large groups, smaller groups and on a one-to-one basis.

Residents confirmed they were able to make a range of choices in the centre, including where to spend their time, who with, and also in relation to their performed times for getting up and going to bed. Staff spoken with were noted to have a strong focus on supporting residents to feel comfortable and settled in the centre.

There was positive communications noted between staff and residents, and relatives were also well known by the staff in the centre. This all promoted an environment of residents appearing relaxed and settled in the service.

There was access to televisions, radios, CDs and DVDs, and newspapers.

While the majority of bedrooms in the centre were single rooms, some rooms were shared. It was noted by inspectors that in some rooms the arrangements to ensure residents privacy were not sufficient, as curtains or screens provided did not fully go around bed space areas to ensure each resident could undertake personal activities in private.

Judgment: Substantially 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication difficulties</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
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Compliance Plan for Clonskeagh Community Nursing Unit OSV-0000491

Inspection ID: MON-0023150

Date of inspection: 19/02/2020

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:

- There are two storage containers provided to Clonskeagh Community Nursing Unit. All Resident bathrooms and Ensuite’s are free of storage. This issue was resolved with immediate effect. Daily Checks of equipment storage in residents rooms are maintained and strictly monitored.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. All fire doors have been reviewed, serviced and our now closing fully in test mode.
2. HSE Fire Officer has reviewed Floor Plans which have been reconciled fully with Fire safety Orders and directional signage to all fire exits within building.
3. The fire Officer is reviewing all fire floor plans to ensure all fire plans direct the reader to the nearest exit.
4. All décor and or signage which obscured Fire Exit signage have been removed from the facility.
5. Fire drill documentation now establishes and records time frame achieved for drill and provides clear information on how long it takes to clear all resident’s from one compartment to another ensuring an evacuation can be carried out effectively and within acceptable parameters.
6. All staff are aware of their responsibility to ensure bedroom doors are closed in the event of a fire. This requirement is re-enforced in Fire Drills and on inspection rounds carried out by the fire marshall.
7. Fire drills now provide information to confirm all doors are being closed to contain fire.
8. Flammable items identified in the fire exits routes have now been removed.
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<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Plan is in place to resolve this issue and provide additional screening to ensure resident’s privacy is appropriate in twin and multi-occupancy respite rooms. Revised specification has been agreed and appropriate screen have been order. Due to delay in manufacturing and associated importation it I hoped to have the screens installed by the 30/06/2020 at the latest.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/02/2020</td>
</tr>
<tr>
<td>Regulation 28(1)(e)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>07/04/2020</td>
</tr>
<tr>
<td>Regulation 9(3)(b)</td>
<td>A registered provider shall, in so far as is Substantially Compliant</td>
<td>Yellow</td>
<td>30/06/2020</td>
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</tbody>
</table>
reasonably practical, ensure that a resident may undertake personal activities in private.