<table>
<thead>
<tr>
<th>Centre name</th>
<th>Merlin Park Community Nursing Unit</th>
</tr>
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<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000635</td>
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<tr>
<td>Centre address</td>
<td>Merlin Park, Galway.</td>
</tr>
<tr>
<td>Telephone number</td>
<td>091 775 566 / 091 775 568</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:unit5mph@hse.ie">unit5mph@hse.ie</a></td>
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<tr>
<td>Type of centre</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider</td>
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</tr>
<tr>
<td>Provider Nominee</td>
<td>JJ O'Kane</td>
</tr>
<tr>
<td>Lead inspector</td>
<td>Marie Matthews</td>
</tr>
<tr>
<td>Support inspector(s)</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>Number of vacancies on the date of inspection</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>19 October 2016 16:30</td>
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<tr>
<td>20 October 2016 09:30</td>
<td>20 October 2016 19:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Major</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Consultation</td>
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<tr>
<td>Outcome 17: Residents' clothing and personal</td>
<td>Compliant</td>
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<tr>
<td>property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection carried out over one evening and the following day. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

Residents were complimentary of the staff and satisfied with the care provided. There was evidence of regular medical reviews and access to allied health services. There was an adequate complement of nursing and care staff on duty. Mandatory training required by the regulations was completed by staff.

The centre was clean and warm but it was institutional in layout and design. The providers’ plans to address this through a new build had not progressed as stated in the action plan from the last inspection. Measures had been introduced to enhance
the security of the building to safeguard residents with a cognitive impairment however; the measures taken impacted on the means of escape from one unit. Residents were very complimentary about the meals provided however the approach to mealtimes was institutional.

The response to suspected safeguarding issues also required review to ensure that clear records of any investigation were maintained. The inspector found that the residents were well cared but that some care plans were not comprehensive. The provision of social care to residents who were confined to their beds required review.

A total of thirteen outcomes were inspected. Two outcomes were found to be major non compliant, premises and safeguarding and safety. The inspector judged that seven outcomes were moderate non compliant. The provider has been requested to submit further documentation including evidence of maintenance of the fire alarm and emergency lighting, the annual report on the review of the safety and quality of care and plans to address deficits in the building as these were not available on the days of the inspection.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.
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: Statement of Purpose**

**There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A copy of the statement of purpose was reviewed by the inspector prior to the inspection. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in the Designated Centres for Older People) Regulations 2013 however the governance arrangements identified did not reflect the current governance arrangements. The person in charge was requested to submit a revised copy to the Authority.

**Judgment:**
Non Compliant - Moderate

**Outcome 02: Governance and Management**

**The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.**

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was evidence that the quality and safety of the service was monitored. An audit
plan was in place and a variety of audits had taken place during the year. Some additional key quality indicators had been included to the schedule in response to the action plan from the last inspection. The inspector saw that audits of care plans, falls, medication, accidents, weight loss, pressure area care and routine screening were completed. There was evidence to indicate that improvements were brought about as a result of the learning from the auditing reviews, however, some audits didn’t focus on important key areas for example the falls audits didn’t look at the time of day or the location of the fall. Care plan audits were ongoing and the inspector saw that revised procedures were introduced as a result of the audits. Care plans which had been reviewed were improved however this work was not finished and some of those reviewed by the inspector did not reflect the care needs of residents. This is discussed further under outcome 11.

All actions from the last inspection relating to the premises had not been addressed. The inspector identified on the previous inspection that the centre did not meet the privacy and dignity needs of all residents due to 10 multi-occupancy rooms which had four residents in each within the centre's two residential units. The inspector saw that some works had been completed to create more storage space for residents. The provider stated in the response to the action plan from the previous inspection that a feasibility study had been completed for a new building however no building work had taken place and the provider had not provided any update to the Authority since the last inspection or submitted plans for the new build referred to. The inspector found that residents remained in multiple occupancy bedrooms which although spacious impacted on the residents’ privacy and dignity.

At the time of publishing this report the Authority had not been furnished with any further information relating to a start/finish date for this new build.

The inspector also identified that an incident of abusive practice recorded in the centres complaints log had not been investigated according to the centres safeguarding policy or reported to the HSE senior case worker for adult protection.

An annual report on the overall review of the safety and quality of care of residents for the previous year was not available at the time of the inspection. The inspector requested that a copy of this be submitted to the authority following the inspection.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

**Findings:**
The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. She is a registered nurse and holds a full-time post.

The person in charge has maintained her professional development and attended mandatory training required by the regulations. She has maintained her clinical skills up to date through attendance at various clinical training courses including wound care, renal care and had completed a diploma in Gerontology.

The person in charge is well known by residents. She was knowledgeable of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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

**Findings:**
Staff had completed training on safeguarding and were awaiting more specific training on the new national policy. The inspector reviewed an incident recorded in the centres complaints log concerning a complaint made by one of the residents. The complaint concerned staff failing to ensure the privacy and dignity of a resident during personal care. The incident had been investigated by the person in charge but it was not identified as allegation suspected abusive practice and was had not been investigated according to the centres safeguarding policy. There were no records available of the investigation or of any interviews with the staff members concerned. The incident was not reported to the HSE senior case worker for adult protection. In discussion with the person in charge, the inspector was informed that no retraining of the staff in question had taken place to prevent a reoccurrence.

There was a policy available to guide staff on the management of responsive behaviour associated with dementia and staff had completed training in caring for people with responsive behaviours. Staff spoken with were aware of the individual behaviours of
some residents and the inspector saw that behaviour monitoring logs were used to record incidents. However, the information captured was not always included in a care plan to ensure a consistent response to the triggers and reduce the residents’ anxiety.

Where residents had specialist care needs such as mental health problems, there was evidence in care plans of links with the mental health services. There was a policy on restraint management (the use of bedrails and lap belts) in place. The inspector saw that residents had seating assessments completed by an occupational therapist and had suitable seating which eliminated the need for lap belts. The inspector saw that a risk assessment was completed prior to using bedrails and these were regularly reviewed. Low entry beds were also used to reduce the risk of falls. This had reduced the number of residents using bed rails. At the time of this inspection there were 16 residents with bedrails in use. Signed consent was obtained by the resident. In some restraint care plans reviewed, the restraint was found to be in use as a family member had requested it and there was no evidence of a multidisciplinary input into the decision to put in place the restraint.

**Judgment:**
Non Compliant - Major

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**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The arrangements to manage risk required improvement. The inspector saw that the risk management policy contained the procedures required by the regulations to guide staff and arrangements for safeguarding residents at risk of abscondion. This had improved in response to an action from the last inspection. Regular location checks were completed of residents at risk. Enhanced measures were in place to safeguard residents at risk of absconding but the enhanced security for residents with dementia required review to ensure that the safety of other residents was not put at risk. The inspector found that the key pad locks provided on all external doors did not automatically release when the fire alarm was activated. A spare key was provided in a fire compliant unit at each door and all staff carried a key of exit doors but the key was missing from one unit on the night of the inspection. This issue was also identified on the previous inspection. This finding was brought to the attention of the person in charge the following morning and the key was replaced.

There centres fire register was reviewed. There was evidence of servicing of fire extinguishers and weekly checks of fire doors. However, there was no recorded evidence of daily checks on escape routes. The unit is set in the grounds of Merlin Park.
hospital and maintenance of the centres’ fire alarm and emergency lighting was done centrally so these records were not available to review in the centre. The person in charge was requested to submit these following the inspection. There procedure for the safe evacuation of residents and staff in the event of a fire was a prominently displayed in both units. The inspector was informed that the fire alarm in both units was linked to the main hospital on site and in the event of a fire staff from other units would be able to assist.

The inspector reviewed training records and saw that staff had received training in fire safety and engaged in regular fire drills. The most recent drill recorded was the 6th July 2016. Those staff spoken to were able to describe how the procedure in the event of a fire. It was not evident from the records how many staff were involved in the drills or the duration or the drill.

Low-low beds were used by residents assessed at risk of falls. There was evidence to show staff had been trained in moving and handling and there was a good range of assistive equipment available including newly installed tracking hoists. Moving and handling risk assessments were completed for each resident. The type of hoist was specified where required.

The arrangements for recording and investigating untoward incidents and accidents also required review. The inspector noted that falls and near misses were documented however some forms were incomplete and neurological observations were not always recorded when a resident had sustained an unwitnessed fall or had a suspected head injury. The inspector saw that there was a low incidence of injuries as a result of falls.

The centre was visually clean and well maintained and appropriate infection control measures were in place. Hand sanitising gels were available throughout the centre and cleaning staff were rostered each day of the week. Hand testing indicated that the temperature of radiators and hot water did not pose a risk of burns or scalds.

An emergency plan was available for situations such as power failure and loss of heating identified.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There was a management policy in place which provided guidance to staff to manage
aspects of medication from ordering, prescribing, storing and administration.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication. The prescription sheets reviewed were legible in all cases. The maximum amount for PRN medication was indicated. The GP’s signature was in place for each prescribed. Drugs were being crushed for a small number of residents and this was indicated on their prescription which had been signed by the GP.

The inspector saw that medication administration sheets were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift.

Each residents medication was reviewed every three months by the GP and a medication review was also completed three monthly by the CNMs and the pharmacy.

**Judgment:**
Compliant

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**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
The person in charge ensured that where required, incidents where notified to the Authority within three working days. The centre had submitted quarterly notifications of incidents as required by the regulations but did not do so within the timeframe set by the authority.

**Judgment:**
Substantially Compliant

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of
evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/ her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/ her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
There were 47 residents in the centre during the inspection. There were 15 residents with maximum care needs. Three residents were assessed as highly dependent. Three had medium dependency care needs. One resident was assessed as having low dependency needs. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition. Staff spoken with were knowledgeable of resident’s preferred daily routine, their likes and dislikes.

Residents had access to the services of a general practitioner (GP) and an out-of-hours, service was available. There was evidence that residents were regularly reviewed and recognised assessment tools were used to evaluate progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs. Each resident was weighed monthly and those at risk were weighed on a more frequent basis. Food and fluid intake was monitored by staff and recorded when a risk was identified.

The inspector reviewed three resident’s care plans in detail and certain aspects within other plans of care. Care plans were developed based on care needs identified on admission assessments and the inspector saw that they were reviewed and updated on an on-going basis. Most care plans provided adequate guidance on the care to be provided and some provided a good level of detail about the resident but others omitted important information in relation to the residents preferred routine. For example one resident had very specific care needs in relation to her preference for her bedroom to be kept in darkness however this information wasn’t included in her care plan and in another care plan there was no reference to a specialised mattress used by the resident to prevent pressure wounds.

Residents had evidence of referrals and review by specialist services as required such as occupational therapy, speech and language therapy, dietetics, and physiotherapy. There was inconsistent evidence in the care plans reviewed that the advice of the specialist was transferred into the residents care plan. For example one resident had a pressure wounds at the time of the inspection. The resident had been reviewed in the hospital and the inspector saw that the advice of the consultant was that the wound be dressed every three days however; the residents wound care plan had not been updated to reflect this advice. The inspector saw that residents at risk of developing a pressure wound were provided with air mattresses and cushions and regularly repositioned.
Records of this were available for residents who spent long periods of time in bed due to frailty.

The inspector saw that where residents were assessed as been at risk of developing a pressure wound, they were appropriately reviewed by a dietician and nutritional screening was carried out using an evidence-based screening tool and nutritional supplements were prescribed to promote healing. In some wound care plans reviewed there was no reference however to this dietary advice or linkage between the nutritional care plans and the wound care plan.

Most residents in the centre were over 65, there were some residents accommodated who were younger and who had a high level of dependency on staff for all of their daily needs. While the inspector saw that staff were meeting the clinical needs of these residents, there was poor evidence that the social and emotional needs of these residents were met. For example where residents spend long periods of time in their bedroom, there was poor evidence that staff were deployed to ensure to provide meaningful one to one therapeutic activities to suit their needs and interests.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The matters identified in relation to the layout at the previous registration inspection of March 2015 had not been addressed. On the previous inspection the premises was found to resemble a clinical/hospital setting rather than that of a long term residential centre and the layout was not in keeping with the principles of design for long-term care to residents. In response to the action plan from the last inspection the provider stated that a feasibility study was been undertaken to build a new centre however there was no evidence that these plans had materialised. The person in charge commented that funding had been identified for the new building.

The centre was clean, warm and well maintained. The provider had made efforts to
make the centre more homely and to enhance the privacy of residents but there remained deficits in the design and the layout did not meet the requirements in the regulations.

Eight bedrooms were multi-occupancy rooms. The inspector noted that occupancy had been reduced to afford residents more space and privacy and there were now four residents in seven of the rooms and three in another. Two rooms were closed for renovation at the time of the inspection. Bedrooms were designated as male and female. Although they were spacious and screening was provided around the beds, it was still difficult for residents to maintain their privacy during all the activities of daily living. There were 15 single bedrooms between both units, one of which had an ensuite facility. Separate toilet and bathroom facilities were provided but toilets were provided in shared cubicles which did not afford the resident privacy as they were partitioned by a light wooden structure.

The provider had refurbished the dining room and the reception area in one unit to provide a more pleasant homely environment. This was complete at the time of the registration inspection in that unit. No efforts had been made since then to extend the refurbishment to the other unit.

A call system was provided in each bedroom. The inspector observed that there was no call bell provided in the smoking room. There was also no mechanical ventilation provided in this room to remove smoke. The exterior of the centre had improved and there was a safe accessible area with seating areas linking the two units available for residents. Handrails were provided along the footpath.

**Judgment:**
Non Compliant - Major

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**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred care and support

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

**Findings:**
The complaint's policy was available and it included details of the nominated complaints officer within the centre and an independent person was available for appeals. The inspector read a sample of complaints records for 2016. The nature of each complaint was documented. There was a response recorded to each complainant which summarised the actions taken. However, details of the investigation carried out to resolve the complaint were not always well recorded and the complaint form did not
always show evidence that the complainant was satisfied with the outcome of the investigation. This was discussed with the person in charge who was also the complaint’s officer.

**Judgment:**
Non Compliant - Moderate

**Outcome 16: Residents’ Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

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

**Findings:**
In the last inspection it was found that there were no resident committee meetings taking place. The inspector saw that a resident’s council had been set up. An independent advocate facilitated the meetings with residents and the inspector saw that issues raised were brought to the attention of the person in charge and auctioned. For example residents had requested a television screen and this had been provided. Minutes of the meetings were available.

A full time Activities Co-ordinator was appointed and several staff had completed the SONAS training programme. (a therapeutic activity for residents who are cognitively impaired). Both group and individual activities were provided. Two health care assistant (HCA) had completed an alternative therapeutic dementia training programme and assisted to facilitate activities. As discussed under outcome 11, the inspector saw that some residents spend long periods of time in their bedroom and there was poor evidence of any approach to ensuring meaningful one to one activities to suit the needs, interests and capacities of these residents.

Meals were cooked in the main hospital kitchen and transferred to the centre. While the inspector saw that residents were provided with appropriate nutrition and residents spoke positively about the food, the approach to mealtimes was institutional in nature and required review. The inspector found meals were served at times that fitted in with the routine of the kitchen rather than at times to suit the residents. For example, the main meal was served at 12.20pm. Some residents had breakfast at 10am and may not have an appetitive for lunch. The staff advised the inspector that meals could be kept for residents for up to two hours in a ban marie if necessary. The evening meal was served at 4pm. Snacks were served between meals and a supper was served at 4pm.
There were no hot meal choices available in the evening as the main kitchen was closed. There were appliances in the kitchens of each residential unit for heating food and the staff said they did this on occasions.

The visitors book in use in both units confirmed that there were relatives and friends visited regularly. The inspector observed residents in the sitting areas chatting with staff, who took time to listen and engage with them.

A weekly programme of activities was displayed in the centre. The programme included exercise classes, painting, reading and music. In addition pet therapy was also provided. Significant events such as residents’ birthdays and annual events such as the Galway races were also celebrated. There were photographs of various events displayed in both units.

**Judgment:**
Non Compliant - Moderate

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### Outcome 17: Residents’ clothing and personal property and possessions

**Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.**

**Theme:**
Person-centred care and support

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

**Findings:**
There was a policy on resident's personal property and possessions. A record was kept of each resident's personal property on admission to the centre. The record was updated every three months by a designated staff member to ensure residents personal property was adequately safeguarded and ensured they retained control over them.

At the last inspection the inspector identified that some residents in multi-occupancy rooms could not store all their personal items/clothing in their rooms. The provider had addressed this and new bedside lockers and wardrobes were provided beside each resident.

**Judgment:**
Compliant

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### Outcome 18: Suitable Staffing

**There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet**
the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
From observations during the inspection and from discussions with residents and staff members, the inspector found that there was an adequate complement of staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection, taking account of the purpose and size of the designated centre. As discussed under outcome 11 and 16 the deployment of staff to ensure the social and emotional needs of residents who spent long periods in their rooms required review.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. A sample of staff files reviewed contained all of the information required in schedule two including evidence of Garda Siochana vetting.
The inspector observed that interactions with staff were positive and residents spoke favourably about the care provided by staff.

Staff training was facilitated and updates were completed by staff. The inspector saw that mandatory training required by the regulations was completed by staff as well as a variety of other clinical training to help maintain staff skills. Seven of the 12 nurses had completed a diploma in Gerontology. There was evidence of regular staff meetings of all staff grades.

Judgment:
Non Compliant - Moderate
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:

Marie Matthews
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Merlin Park Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000635</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>19/10/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/02/2017</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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The governance arrangements identified in the statement of purpose did not reflect the current governance arrangements.

1. Action Required:
Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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Please state the actions you have taken or are planning to take:
The statement of Purpose now reflects the current governance arrangements in the unit. An updated copy of statement of purpose has been sent to HIQA.

**Proposed Timescale:** 16/02/2017

### Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An annual report on the overall review of the safety and quality of care of residents was not available.

2. **Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
The Annual review has commenced and will continue till the end of the year

**Proposed Timescale:** 28/12/2016

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some of the audits completed were not addressing key quality indicators.

3. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Audits are ongoing at all times and we have devised a clinical indicator log template to capture areas of concern.

**Proposed Timescale:** 31/12/2016

### Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

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Page 19 of 26
Information captured of individual behaviours of some residents was not always included in a care plan to ensure a consistent response to the triggers and reduce the residents’ anxiety

4. **Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
The resident care plan now includes all behaviour triggers that have been identified.

**Proposed Timescale:** 16/02/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Practice in relation to restraint management was not in line with evidence based practice.

5. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
The restraint management has been reviewed and now reflects national policy.

**Proposed Timescale:** 16/02/2017

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
An incident that occurred in the centre was not investigated according to the centres policy.

6. **Action Required:**
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

**Please state the actions you have taken or are planning to take:**
On the occasion identified by the inspector the person in charge had liaised with the safe guarding office who agreed that there was no abusive incident to be investigated. All incidents and allegations of abuse are investigated fully as per centre policy.

**Proposed Timescale:** 16/02/2017
## Outcome 08: Health and Safety and Risk Management

### Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements for recording and investigating untoward incidents and accidents required review. Accident forms were incomplete and neurological observations were not always recorded when a resident had sustained an unwitnessed fall or had a suspected head injury.

7. **Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
All falls witnessed or un witnessed will have neurological observations recorded. All staff are aware and its now part of the falls policy.

**Proposed Timescale:** 16/02/2017

### Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no recorded evidence of daily checks on escape routes.

Maintenance records for the centres’ fire alarm and emergency lighting were not available to review.

8. **Action Required:**
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
Maintenance records and daily check now in place.

**Proposed Timescale:** 16/02/2017

## Outcome 10: Notification of Incidents

### Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The centre had submitted quarterly notifications of incidents as required by the regulations but not within the timeframe set by the authority.
9. **Action Required:**
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

**Please state the actions you have taken or are planning to take:**
All incidents will be notified in a timely manner going forward.

**Proposed Timescale:** 16/02/2017

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was poor linkage in some care plans to the assessments completed.

10. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
All care plans to be audited and improvements implemented where required

**Proposed Timescale:** 23/12/2016

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**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some care plans required more specific details to guide care and some were not updated to reflect the advise of specialists.

11. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Care plans are being reviewed to reflect specialist’s advice.

**Proposed Timescale:** Completed by 15/12/2016
**Proposed Timescale:** 15/12/2016  
**Theme:**  
Effective care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The inspector saw that some residents spend long periods of time in their bedroom. There was limited evidence of any attempts to meet the social and emotional needs of residents confined to bed.

12. **Action Required:**  
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**  
A daily allocation of staff has been implemented for the people who are spending time in their bedroom for meaningful activities.

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<th>Proposed Timescale: 16/02/2017</th>
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## Outcome 12: Safe and Suitable Premises  
**Theme:**  
Effective care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was also no mechanical ventilation provided in this room to remove smoke fumes.

13. **Action Required:**  
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**  
A room has been identified as a new smoking room and we are awaiting quotation for the mechanical ventilation system to be installed in this room. We envisage that the work could be completed within a short space of time.

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<thead>
<tr>
<th>Proposed Timescale: 30/05/2017</th>
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**Theme:**  
Effective care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The design and layout of the premises was not appropriate to the needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

There was inadequate toilet facilities and some residents were accommodated in multiple occupancy bedrooms.

Plans have not been submitted to date in accordance with commitment by provider in action plan response of inspection of 19/3/2015

14. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
MP CNU has been identified as one of the HSE services to be allocated a new building under the HSE capital expenditure programme. The HSE are in consultation with HIQA regarding this process at a National Level and at present the floor plans are not complete. We continue to improve the environment this is an ongoing quality improvement initiative to making the unit more homely for our residents.

**Proposed Timescale:** 30/06/2017

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**Outcome 13: Complaints procedures**

**Theme:**
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Details of the investigation carried out to resolve the complaint were not always well recorded.

15. **Action Required:**
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident’s individual care plan.

Please state the actions you have taken or are planning to take:
All complaints have been reviewed and in future all action steps taken and resolving complaints will be kept with original complaint.

**Proposed Timescale:** 16/02/2017

**Theme:**
Person-centred care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaint form completed did not always show evidence that the complainant was satisfied with the outcome of the investigation.

16. Action Required:
Under Regulation 34(1)(f) you are required to: 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.

Please state the actions you have taken or are planning to take:
We will note resident satisfaction on all complaint forms in the future.

Proposed Timescale: 16/02/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The approach to mealtimes was institutional and did not facilitate residents to choose the time they had their meals.

17. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
We have met with Catering Management at Merlin Park regarding menu selection and meal times and as a result we now have the ability to provide hot snacks between meal times if residents so wish, late in the evening or at night. Whilst we note the limitations in terms of the times that meals are delivered from the communal kitchen in Merlin Park we have extended serving times of food within the requirements of food legislation (HACCP) to spread mealtimes over a longer period in the day and to have greater regard for choice of eating times and move away from the sense of institutionalised meal service.

We have carried out resident satisfaction survey and they have stated that they are happy with meal times but we will continue to review the mealtimes with the residents and we will also liaise with the main kitchen on times of meals.

Proposed Timescale: 31/01/2017

Theme:
Person-centred care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Where residents spend long periods of time in their bedroom, there was poor evidence that any staff were deployed to provide meaningful one-to-one activities to suit the needs, interests and capacities of these residents.

18. **Action Required:**
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

**Please state the actions you have taken or are planning to take:**
We have introduced a staff allocation for residents who spend time in their bedrooms and an activity programme for each resident.

**Proposed Timescale:** 16/02/2017

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The deployment of staff to ensure the social and emotional needs of residents who spent long periods in their rooms required review.

19. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
A staff allocation is done on a daily basis.

**Proposed Timescale:** 16/02/2017