



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

## Issued by the Chief Inspector

Name of designated centre:	Clonskeagh Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Clonskeagh Road, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	24 November 2022
Centre ID:	OSV-0000491
Fieldwork ID:	MON-0038429

## 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:	81
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 24 November 2022	09:00hrs to 18:05hrs	Margaret Keaveney	Lead
Thursday 24 November 2022	09:00hrs to 18:05hrs	Siobhan Nunn	Support

## What residents told us and what inspectors observed

During the inspection day, inspectors spoke with six residents and one visitor to get an insight into their experience of life in the centre. All reported that they were happy with the service and care provided to them and that they felt safe and comfortable in the homely centre. Inspectors noted that the atmosphere in the centre was calm and relaxed and that residents looked well cared for.

On arrival to the centre inspectors completed infection prevention and control measures, which included hand hygiene and mask wearing. All visitors to the centre were also required to complete these measures.

Residents spoken with commented that staff were kind to them. One resident said that the staff were "very good" and that "they make time to chat". From inspectors' observations, staff appeared to be familiar with and attentive to residents' needs and preferences, and were respectful in their interactions with them.

Overall, the premises was maintained to a good standard, with repainting of the centre underway. It was found to be warm, bright, and well ventilated. The registered provider and person in charge had implemented the Butterfly model of care in the centre, and had created a living environment that enhanced the quality of residents' lives. There were a number of day/dining spaces on each floor for residents to use, however inspectors observed that five of these rooms were not currently available to residents as they had been assigned to staff as break rooms, in order to facilitate staff cohorting. The need for this arrangement was discussed with the management team on the day of the inspection, who agreed to review this arrangement. The day spaces, that were available to residents, were observed to be engaging spaces, providing sensory stimulation for residents and allowing social connections. There were books, games, TVs and radios for residents' use, appropriate furniture to enhance residents' mobility and independence and memorabilia such as display cabinets containing decorative china and items of interest such as decorative art work.

Inspectors saw that the registered provider had also taken enhanced decorating measures to create a stimulating environment along corridors, to draw on the senses of the residents living in the centre. For example, corridor walls throughout the centre had been decorated with seascapes, and nature and café scenes.

Residents had access to a safe garden from the ground floor, which was maintained to a good standard. The garden was nicely landscaped with safe pathways and raised beds planted by residents in the spring and summer months.

The centre contained 65 single, 8 twin and 3 triple occupancy bedrooms, all of which are ensuite, over four levels. There were stairs and lifts available for residents and staff to move between the floors, and clear written directional signage to help orientate residents and visitors through the centre. Inspectors observed that

residents' bedrooms were bright, warm and clean, and that residents had personalised their bedroom spaces with photographs and mementos from home. Each resident had a wall mounted television for entertainment, and sufficient wardrobe space and a secure unit for their valuables. Residents reported great satisfaction with their bedrooms, with one stating that it was 'so clean and comfortable'. However, inspectors observed that the multi-occupancy bedrooms required configuration to provide each resident with adequate privacy. Inspectors saw that the registered provider had begun his work, with one twin room reconfigured.

Residents were seen to have visitors throughout the day of the inspection. Most visits took place in bedrooms.

As part of the Butterfly model of care, the person in charge had assigned a home action team (HAT) within the designated centre to lead resident activities and events. Inspectors saw that this team had met with each resident to discuss their activity preferences, and had then developed a 'Top Ten' list of activities to focus on providing for residents which included afternoon tea, a garden club, mass, flower arranging, movies, quizzes and walking in the garden. Inspectors observed that this feedback had been acted upon, with a number of residents participating in an audio book club with afternoon tea on the day of the inspection and evidence of flower arranging and indoor planting on display throughout the centre. On the ground floor, a large day room has been furnished with an ornate glass cross, created by residents, and inspectors were informed that mass was celebrated in this room.

Inspectors observed that mealtimes were a relaxed experience for residents. There were two choices available for both the lunch time and evening meals. Food was seen to be nutritious and appetising. Inspectors observed staff offering discreet assistance and encouragement to residents in the dining rooms and that a variety of drinks were also offered. Residents told inspectors that they liked the food and said there was a good variety available to them.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The registered provider had adequately resourced the centre and there were many systems in place which promoted good quality care for residents. The governance structure in the centre was clear, with each member of the management team having clear roles and responsibilities. However, action was required regarding the premises, infection prevention and control and in a number of provider oversight systems.

The management team comprised of the person in charge (PIC), two assistant

directors of nursing (ADONs), a HSE general manager and a Household Manager. The person in charge was also supported by a team of clinical nurse managers (CNMs), nurses, healthcare assistants, catering and household staff and a physiotherapist.

During the inspection, inspectors followed up on compliance plan actions submitted by the registered provider following the inspection of February 2022. Inspectors observed that many of these actions had been completed. For example, improvements in care planning were seen, fire door remedial works had been completed, resident focus groups and satisfaction surveys had recommenced and effective management oversight systems implemented, to ensure robust oversight that safe and quality care was being provided to residents.

The management team used a number of methodologies to monitor the quality and safety of the service, such as the measurement of key clinical parameters and clinical and facilities audits. This information was then discussed and findings actioned at regular management meetings. While there was good oversight of the clinical care provided to residents, inspectors found that the systems in place to monitor the facilities required review. On the day of the inspection, inspectors identified areas of the service needing improvement, that had not been identified by the registered provider's systems. For example, the unavailability of some communal areas to residents and fire safety in the centre.

An annual review of the service had been completed for 2021, and the report was discussed at resident focus groups. The registered provider had completed a comprehensive COVID19 preparedness and contingency plan. However, this plan required updating as one area identified as an isolation area was being used as a staff break area.

There were arrangements in place for staff to access mandatory training. Documentation showed that staff were up to date with their mandatory training, and that staff had access to supplementary training relevant to their roles, such as hand hygiene. Inspectors also saw that staff were supported in their professional development through an annual appraisal system and a comprehensive induction programme for new staff.

Inspectors reviewed the documents, for two staff members, to be held under Schedule 2 of the regulation. These records were each maintained in line with the regulations and were kept safe within the designated centre.

Inspectors reviewed three contracts for the provision of services and found that they were not in line with the regulation. The contracts reviewed did not state the room number in which the residents were residing, and so did not clearly specify the terms and conditions of the residents' residency in the centre.

Suitable fire safety equipment was provided throughout the centre, and fire safety training had been completed by staff within the previous year. However, inspectors were not assured that the registered provider had adequate oversight systems in place to monitor the designated smoking area.

## Regulation 16: Training and staff development

There was evidence that mandatory training had been delivered to staff. This included training in safeguarding vulnerable adults from abuse, manual handling and fire safety. In addition, staff also had access to supplementary training on hand hygiene and on appropriately managing responsive behaviours.

Staff were appropriately supervised and supported to perform their roles, through an induction programme and annual appraisal system.

Judgment: Compliant

## Regulation 21: Records

Records required under Schedule 2 were maintained in line with the regulation, were stored safely and were accessible on request.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had not informed the Chief Inspector of changes in the facilities within the designated centre, which is a breach of their registration condition 1. For example, five days spaces were not available to residents as they were in use as staff break rooms.

Improvements to a number of oversight systems in the centre were required, to ensure that safe and appropriate facilities were available to residents in the centre. For example:

- The registered provider had not taken adequate precautions to oversee the designated smoking area, with saucers being used by residents as ashtrays and cigarette ash being disposed in a bin with a plastic liner.
- The registered provider had not addressed storage issues in the triple occupancy bedrooms, which was a similar finding to the previous inspection.

Judgment: Not compliant



## Regulation 24: Contract for the provision of services

Inspectors reviewed three contracts of care between the resident and the provider and saw that they did not clearly set out the terms and conditions of their residency in the designated centre. For example;

- The three contracts did not specify the room number in which the resident was residing in the centre.
- One resident's contract was signed and dated 16 months after they were admitted to the centre.

Judgment: Substantially compliant

## Quality and safety

Overall, inspectors found the care and support provided to residents living in the centre to be of a good standard. Residents spoke positively about the care and support they received from staff. Staff were respectful and courteous with the residents. However, action was required regarding the premises, the care of some residents with responsive behaviours and with infection control practices.

Since the inspection in February 2022, inspectors noted improvements in the care planning process for residents, that enhanced the safety of care being provided to them. From a review of a number of residents' records, inspectors observed that their health and social care needs were assessed on pre-admission, and that a variety of evidence based clinical tools were then used to further assess their needs, including mobility, personal care, nutrition and skin integrity, on admission. Person-centred care plans were then developed to meet these needs, and residents views and wishes were evident in these care plans.

Staff had access to training in how to support and understand those residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Throughout the day of the inspection, it was evident that staff knew the residents well and were respectful in their approach to those residents who became agitated or who displayed responsive behaviours, providing positive reassurance and support for residents at these times. However, a review of the care records for a number of residents, who mobilised with purpose, showed that the least restrictive interventions, to manage this behaviour, had not been trialled for this group of residents.

The premises was warm, bright and suitably decorated to meet the needs of residents. However, similar to the inspection of February 2022, inspectors were not assured that residents in multi-occupancy bedrooms had adequate private

accommodation available to them. The registered provider had taken action to address this issue and inspectors viewed a proposed layout of one twin bedroom that provided improved privacy to one occupant of the bedroom. However, further action was required to provide the second room occupant with adequate privacy and suitable lighting. This was discussed with the management team on the day of the inspection. Inspectors observed that no action had yet been taken by the provider to address the lack of privacy or inappropriate storage of equipment in the triple occupancy bedrooms. These bedrooms were used to accommodate residents on respite care, however this service was not being offered in the centre. Inspectors were also not assured that residents had access to all communal spaces, as stated in the centre's statement of purpose.

The centre was observed to be clean, with appropriate sluicing and cleaning resources in place. There were many good infection prevention and control (IPC) practices in the centre, which included the training of four nursing staff as IPC link practitioners, and good adherence to the wearing of appropriate personal protective equipment (PPE). There was also effective oversight of cleaning and cleaning schedules in the centre, by a cleaning supervisor and the Household Manager, to ensure that they were effectively completed. However, improvements were required in some infection control practices within the centre to minimise the risk of infection occurring. This will be outlined under Regulation 27 below.

## Regulation 17: Premises

Inspectors observed that the multi-occupancy bedrooms did not provide sufficient space for residents to complete daily activities in private and without impacting on the privacy and dignity of the other resident in the room. Inspectors also observed that the triple occupancy bedrooms were being used to store excess resident equipment, such as beds.

Inspectors also observed that residents did not have access to all communal spaces on each floor, as five of these spaces were in use as staff break areas with signage in place to advise residents of this change in use.

Judgment: Substantially compliant

## Regulation 27: Infection control

There were issues fundamental to good infection prevention and control practices which required improvement:

- A number of practices observed by inspectors could lead to cross contamination. For example;
  - One staff member was observed to use hand sanitiser on their latex

gloves after providing personal care to a resident, and to continue wearing the gloves while assisting another resident.

- There was inappropriate storage of used toilet brushes beside drying racks in two sluice rooms, and of a bin for used incontinence wear beside a drying rack in another sluice room.
- The sink and floor in one cleaners room was visibly dirty, with boxes and bottles of cleaning chemicals stored on the floor.
- The medicines fridge in one treatment rooms was visibly dirty. A cleaning log showed that the fridge was cleaned weekly and had been cleaned five days prior to the inspection.
- Residents' personal hygiene products were observed to be stored in one shared toilet and one shared bathroom.
- 13 rolls of paper towels were stored out of their packaging and were stacked against a wall in a store room.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care plans and observed that they were person-centred, detailed and updated as a resident's condition changed. The care plans reviewed were maintained in line with regulatory requirements.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Inspectors were not assured that environmental restraints, used in the designated centre, were used in accordance with national policy. Inspectors observed that for a number of residents who mobilised with purpose, wander bracelets had been issued, and there was no evidence to show that less restrictive interventions had been trialled.

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:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

# Compliance Plan for Clonskeagh Community Nursing Unit OSV-0000491

Inspection ID: MON-0038429

Date of inspection: 24/11/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Five Day Spaces (one Day room space on Chestnut, one dining room and Sycamore suite on Sycamore, Quiet room on Maple and one Day Room on Whitebeam) are converted back to resident spaces.</p> <p>Safe smoking bins and ashtrays have been sourced for smoking room. Staff are providing assistance with apron and lighting cigarettes. Increased frequency of checking cigarette bin in the smoking room.</p> <p>Smoking room checks are been carried frequently while the residents are using it (every 30 minutes).</p> <p>Firefighting equipment available (apron, fire blanket, fire extinguisher), Call bell in place in the smoking room, CCTV monitoring of smoking room.</p> <p>Storage issues:</p> <p>Excess storage has been removed, access beds removed from the respite rooms. Storage monitoring protocol has been revised and implemented.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Room Numbers are now included in resident’s contracts of care</p> <p>A procedure now in place to sign contracts of care on the day of admission.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Five Day Spaces (one Day room space on Chestnut, one dining room and Sycamore suite on Sycamore, Quiet room on Maple and one Day Room on Whitebeam) are converted back to resident spaces.</p> <p>Inappropriate storage has been removed from the respite rooms. Residents now have access to all communal spaces.</p> <p>The Provider/PIC is undertaking internal improvements within the Double-Occupancy Rooms which will significantly enhance the privacy and dignity aspects of resident's care. An initial sample of these improvements has already been reconfigured with further rooms to re-configure accordingly. Bespoke room divider have been ordered.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• Staff and contract cleaners updated on IPC practices.</li> <li>• Bin removed from near the drying rack in the sluice room.</li> <li>• Toilet brushes now removed.</li> <li>• Sink and Floor in the cleaner's room now clean, boxes and bottles of cleaning chemicals removed from the floor of the cleaning room.</li> <li>• Assisted toilets are now free of resident's personal toiletries.</li> <li>• Medication fridges are monitored by IPC link practitioners on each floor.</li> <li>• All staff informed of the risk of storing articles out of their packaging.</li> <li>• Staff practice was reviewed and advised to store residents belonging in their own designated spaces. To ensure personal toiletries not left in the shared bathroom/toilet this discussion is now part of the daily handover.</li> <li>• Staff have been advised to store toilet rolls in their packaging in their store rooms.</li> </ul>	
Regulation 7: Managing behaviour that	Substantially Compliant

is challenging	
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Responsive behaviors are monitored weekly along with restraints.</p> <p>Restraints are monitored 24x7 using restraint monitoring tool.</p> <p>Ongoing review of Restraint practice in relation to wander alarm bracelet. It was initially reduced by 20 % following review and will be subject to ongoing further reviews.</p> <p>Restraint care plans are being reviewed every 4 months or sooner as required.</p> <p>Restraint is also reviewed at MDT ward/floor meetings.</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	17/01/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	17/01/2023

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	17/01/2023
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	17/01/2023