



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

|                            |                                   |
|----------------------------|-----------------------------------|
| Name of designated centre: | Lusk Community Unit               |
| Name of provider:          | Health Service Executive          |
| Address of centre:         | Station Road, Lusk,<br>Co. Dublin |
| Type of inspection:        | Unannounced                       |
| Date of inspection:        | 03 March 2021                     |
| Centre ID:                 | OSV-0000505                       |
| Fieldwork ID:              | MON-0032209                       |

## About the designated centre

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

Lusk Community unit was purpose built on a green field site adjacent to Lusk village in North County Dublin. It was opened on 10th December 2001 as part on the Health Service Executive long term plan to provide care for older persons adjacent to or within their own community.

Lusk Community Unit is a 50 bedded unit providing 45 residential care beds and 5 respite care beds for the over sixty five age group. Residents are accommodated on two units with twenty five patients on each ward. Individuals who use respite services are accommodated in single and twin rooms. Due to their high dependency, residents are accommodated in shared facilities of two bedded rooms. All rooms have individual call bells, accessible light switches and television. A day care service is provided Monday to Friday each week.

**The following information outlines some additional data on this centre.**

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

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                      | Times of Inspection     | Inspector      | Role    |
|---------------------------|-------------------------|----------------|---------|
| Wednesday 3<br>March 2021 | 09:00hrs to<br>17:45hrs | Niamh Moore    | Lead    |
| Wednesday 3<br>March 2021 | 09:00hrs to<br>17:45hrs | Deirdre O'Hara | Support |

## What residents told us and what inspectors observed

When inspectors arrived at the centre, they were guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and temperature checks.

Inspectors were accompanied by a clinical nurse manager (CNM) and the person in charge (PIC) on a walk around the centre at the start of the inspection. During this tour of the centre, inspectors met and spoke with residents in the corridors, and in day rooms.

The centre was on ground floor level and was divided into two units, Rush and Lusk. Corridors were decorated with postcards of different areas from North County Dublin such as Malahide, Rush and Portmarnock. Staff told inspectors that all bedrooms being at ground floor level allowed for residents to avail of window visits from their bedrooms which was very helpful during the level five restrictions.

Inspectors observed that there was COVID -19 guidance advertised in key locations throughout the centre reminding people to observe social distancing, to wash hands regularly and to observe guidance in relation to the wearing of personal protective equipment (PPE). There was also easy to follow information relating to the COVID-19 vaccination programme within the reception area of the centre. Inspections observed that staff tried to ensure that residents were able to keep themselves safe in the environment. For example, inspectors observed staff prompt a resident to carry out hand hygiene following coughing.

On the day of the inspection, most of the residents were using the Rush Unit of the building. Residents had access to a large dining room, a generous sized day room, a lounge area, an oratory, a snoozelan room, a physiotherapy room and a courtyard. Inspectors observed that the courtyard required maintenance works including the disposal of inappropriate storage items.

Many residents had personal mementos, furniture, souvenirs and photographs in their rooms. Inspectors observed that in many bedrooms, residents had availed of this opportunity. Residents reported to inspectors that they were happy with their bedrooms.

During the inspection, inspectors spent time observing meal time. Residents were maintaining social distancing and assistance was provided by staff in a unhurried, social and dignified manner. Inspectors saw the food was well presented with residents confirmed that they enjoyed the meals.

Residents were supported to enjoy a good quality of life. Staff who spoke with inspectors were knowledgeable about residents and their needs. Staff promoted a person-centred approach to care and interactions between residents and staff were

conducted in a kind, caring and gentle way.

On the day of inspection, inspectors found that residents could engage in various activities. Residents who spoke with inspectors confirmed they enjoyed the activities on offer. One resident spoke about the fun they had while playing board games the day before the inspection. This resident told inspectors that they spend a lot of time within their bedroom but staff spend quality one to one time with them and showed inspectors their nails which had been painted by staff.

Staff were knowledgeable about each resident's preferences for personal care and for their daily routines and activities. This was evident during conversations with staff and within residents' records reviewed such as care plans.

Staff spoke with inspectors regarding their lived experience in the centre during the COVID-19 outbreak and expressed profound sadness about those residents who had died during the outbreak. Inspectors offered staff and management their condolences on the loss of their residents. The provider told inspectors about supports such as counselling for staff who would like to avail of this service. The centre also planned to hold a memorial service in the future.

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

## Capacity and capability

Overall, the findings of this inspection show that this was a well-managed centre and the provider worked hard to ensure residents continued to enjoy a good quality of life during the anxious times brought on by the pandemic. Further improvements were required in relation to governance and management and complaints management which will be discussed under the relevant regulations 23 and 34.

The Health Service Executive (HSE) is the registered provider for Lusk Community Unit. The centre has an established and clearly defined governance and management structure in place. There was a registered provider representative appointed by the HSE. The PIC was appropriately qualified and experienced for the role. The PIC worked full-time in the centre and was supported in their management role by a director of nursing (DON). The management team included an assistant director of nursing (ADON), clinical nurse manager and clinical nurse specialist.

This inspection was unannounced and was prompted by a COVID-19 outbreak in the designated centre which was reported to the Chief Inspector on 30 December 2020.

On the day of inspection there were no active cases of COVID-19 in the centre. There had been an outbreak which had not been officially declared over by Public

Health as 28 days had yet to pass since the last case was detected. During the centres outbreak, 39 residents and 56 staff members tested positive for COVID-19, and sadly 15 residents passed away. Inspectors acknowledged that this was a difficult and challenging time for all residents and staff within the centre.

Records viewed by inspectors showed that there were arrangements in place to manage the COVID-19 outbreak in the centre. An outbreak control team met regularly where the person in charge was identified as the lead person. Management and staff worked diligently to contain the outbreak, and continued to receive support and guidance from the HSE Public Health team and community services. The Chief Inspector was kept informed of key issues in relation to the outbreak in the centre. The provider reviewed the outbreak to capture any learning for the centre.

The registered provider had a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection. The provider was seen to have taken the necessary steps in relation to restricting visiting as part of COVID-19 preventative measures, and in line with public health guidance.

While audits were occurring in the centre on a monthly basis, inspectors found that improvements were required to ensure the quality of care and experience of residents was effectively monitored.

Inspectors found that the numbers of staff and skill mix on duty was sufficient to meet the assessed needs of the 24 residents in the centre on the day of inspection. Staff were sufficiently trained to meet each resident's needs, to support their abilities and promote general well-being. Fire safety training was due to be arranged following the closure of the centres outbreak.

There was a policy and procedure for people who wished to make complaints. However action was required to ensure that documentation for complaints recorded the satisfaction levels of the complainant. Residents who spoke with inspectors confirmed they knew the complaints procedure and would speak with a member of staff if they had a complaint.

A sample of staff files were reviewed and found to be maintained as required by regulation.

## Regulation 15: Staffing

The staffing compliment on inspection day was sufficient to support residents and ensure that appropriate care was available while they were recovering from COVID-19.

During the recent outbreak and due to a large number of staff being absent from work related to COVID-19 isolation measures, staffing levels were supplemented by the HSE. The provider had ensured that there was staff available at all times during

this period who were familiar with the centre and residents. There were at least two nurses on duty at any one time in the centre.

The centre also received specialised infection control support from the HSE and Public Health during the recent outbreak, which staff said had a positive impact on the management of the outbreak. There was an infection control link practitioner who supported and promoted good practice within the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supervised in their roles by two assistant directors of nursing, a nurse manager and a clinical nurse specialist, who provided oversight and support to staff in their work. The facility/catering officer provided supervision of catering and household staff.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. While all staff working in the centre had received up-to date mandatory training which included infection prevention and control, three staff were overdue fire safety training. This training had been delayed due to the recent outbreak and was to take place in the weeks following inspection.

Three nursing staff were trained to take swabs for the detection of COVID-19 infection. A sample of other training available to staff included, wound management, responsive behaviours and medication management.

Nursing staff had received training to safely administer intravenous fluids which had a positive impact for resident hydration when it was needed.

Nursing staff had achieved qualifications in specialist areas such as infection prevention and control, palliative care, dementia and gerontology which provided specialist expertise to support the quality of care to residents. This was seen in care given and records viewed by inspectors.

Judgment: Compliant

### Regulation 21: Records

The records required by the regulations were maintained in the centre. Staff records viewed contained the necessary documentation. There was evidence of active registration with the Nursing and Midwifery Board of Ireland in nursing staff records

viewed by inspectors.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors found that there was a clearly defined management structure in place which identified the roles and responsibilities of key personnel working in the centre. Sufficient resources were in place for the effective delivery of care.

There had been a significant COVID-19 outbreak in the centre. Records showed that the provider had a robust contingency plan in place, where the PIC was the COVID-19 response lead supported by the senior management team. The centre had established a COVID-19 outbreak management team which had implemented national guidance and adapted practice in the centre.

Inspectors reviewed documentation relating to audits and management meetings. The centre was recording quality care metrics with spot checks and audits taking place monthly on areas such as falls and care plans. There was also evidence of environmental and infection prevention and control audits. A review of minutes of management meetings showed there were forums to discuss the results of monthly quality care metrics, however inspectors found that there was no record of where areas for improvement within quality care metrics or audits were identified, that these actions were discussed or scheduled.

During the outbreak, the provider had redeployed staff to support existing team members to liaise with family members by facilitating daily updates and communications via phone calls and text messages. The provider was keen to learn from the outbreak and had sought feedback, through resident and family surveys to drive improvements.

The centre had a draft annual review of the quality and safety of care delivered to residents in the designated centre for 2020. The centre had commenced the consultation process with families and residents with surveys issued. Inspectors reviewed some of the completed surveys and could see that residents reported high satisfaction levels. The person in charge informed inspectors that feedback received would be incorporated into the centre's annual review.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints procedure in place which had been reviewed in May 2018. The director of nursing (DON) was identified as the complaints officer. There was an

escalation process in place where a serious or complex complaint was received.

The complaints procedure and name of the nominated complaints officer was displayed in a prominent position within the centre.

Inspectors reviewed the complaints log for 2020 and reviewed the documentation relating to the four complaints received in 2020 and found that complaints had been recorded and had been investigated in line with the centre's complaints procedure.

Inspectors found that improvements were required as two out of the four complaints did not record whether the complainant was satisfied with the outcome and actions taken.

Following the review of recent complaints, learning was identified with a change in policy and training for staff in order to prevent a similar occurrence happening again.

Judgment: Substantially compliant

## Quality and safety

Overall, the findings of this inspection showed that the management and staff strived to provide a good quality of life to the residents living in the designated centre. Inspectors found that residents had good access to healthcare and they were supported and encouraged to have their wishes and choices respected. There was evidence of good consultation with residents and plenty of opportunities for social engagement. However, the inspectors found that improvements were required in the management of the premises, infection prevention and control and fire precautions.

The service promoted a person-centred approach to care, which focused on the preferences of residents. This was evidenced within resident council meeting minutes where consultation with residents and their feedback was used in the centre. For example, residents expressed the desire to receive the sacrament of communion and this was arranged through a local church.

Care plans seen were person centred and inspectors found that residents were well supported with their individual healthcare needs. Records showed that where medical and allied health practitioners made recommendations for care these were implemented.

While it was acknowledged that the centre had made efforts to ensure that their infection prevention and control measures were effective on the ground, there were elements that required review which is outlined under regulation 27.

Staff who spoke with inspectors were familiar with residents, their needs, and were

seen to be courteous and respectful in their approach. Residents told inspectors that they were content and well-cared for. Inspectors saw residents had freshly painted nails and residents told inspectors that they enjoyed the one-to-one time staff gave them while painting their nails.

Visiting was restricted according to national guidance at the time of the inspection. Residents were encouraged to maintain contact with their friends and families by video or phone calls.

Inspectors found that improvements relating to the maintenance of the premises was needed. The provider told inspectors that maintenance teams had not been into the centre due to the pandemic and the centres recent outbreak of COVID-19. Inspectors were told that upgrades to flooring and areas for repair had been identified as a requirement by the management team. They also said that the gardening contractor would also attend to tidy up the courtyard areas when the outbreak was declared over.

There were good systems in place to ensure residents could be provided with quality end-of-life care. This included advanced discussions, care planning arrangements and consultations with family members. However staff spoke with inspectors about being deeply affected by what they had experienced during the centres outbreak and the loss of residents, in a very short period of time. The DON told inspectors that the centre was planning a memorial service to provide the residents and staff with the opportunity to grieve the loss and acknowledge the lives of their residents who had died.

The centre had a risk management policy in place which was in review to ensure it met the criteria of the regulations.

Inspectors saw the personal efforts that staff had made to ensure residents had a variety of social activities to occupy their day. There were dedicated activity staff and care staff also were involved in activities within the centre to ensure that residents were provided with a range of opportunities.

### Regulation 13: End of life

A review of a sample of resident's care plans showed that each resident had an end-of-life care plan in place which had been reviewed in the past four months. Care plans were completed based on an assessment which incorporated the individual residents wishes and preferences relating to their physical, emotional, social, psychological and spiritual needs.

Inspectors saw evidence where family members had been consulted regarding residents wishes for end of life care. The person in charge told inspectors that during the centres outbreak, compassionate visits were facilitated for residents at end of life.

Judgment: Compliant

## Regulation 17: Premises

The premises was appropriate for the needs and number of residents in accordance with the statement of purpose.

While the premises was of sound construction improvements were required in the following areas which impacted on cleanliness and the safety of residents.

- The splash back, wall and window sill in the nurses station in Rush unit was not clean and was damaged. The paintwork of some walls, radiators, one grab rail and door frames were chipped or damaged, which meant that these surfaces could not be effectively cleaned.
- Seals behind two hand hygiene sinks seen were not intact which would not facilitate adequate cleaning.
- Six bedside lockers and two couches in the centre were seen to be heavily worn and had damaged surfaces, impacting on effective cleaning.
- Flooring was seen to be heavily marked or damaged in areas such as the physiotherapy room and snoozlan rooms and the flooring joints had peeled away in two en-suite bathrooms. Flooring was missing in the resident and staff toilet in the Rush unit.

The person in charge informed inspectors that that upgrades to décor and flooring had been identified to improve the environment for residents and were awaiting approval by management.

Storage practices in the centre required review from an infection prevention and control and a resident rights perspective; for example

- Discarded items of patient equipment such as five walking frames, specialist seating and four broken chairs, a table and a wooden palette were inappropriately stored in the resident courtyard awaiting collection.
- There was inappropriate storage on hand hygiene sinks for example cleaning solutions, hand creams, a heavily worn nail brush and used drinking cups. Paper and used medication blister packs were seen in the hand hygiene sink in the clinical room, which was not clean.
- In one cleaners room, two un-lidded containers of disinfectant tablets were stored on the hygiene sink and cleaning cloths were stored on a radiator beside floor scrubbing pads. This practice had the potential to lead to cross infection.
- The desk and phone in the nurses station were not clean with debris and liquid stains present throughout the day of inspection.
- Bed cages, wheelchair foot plates and bed mattresses were stored on the floor in an equipment room where the floor was not clean, there was dust and debris present.
- Courtyards and gardens accessible to residents were overgrown. Inspectors

were told that the gardening contractor had been unable to attend since December 2020 due to the outbreak of COVID - 19 and would come to the centre when the outbreak was declared over. Residents said they were looking forward to getting out to these areas when the weather became warmer.

Judgment: Substantially compliant

### Regulation 26: Risk management

While there was a comprehensive risk management policy in place, and it did not contain all the risks required by the regulation. For example the measures and actions to control the risk of self-harm. This was being progressed on the inspection day.

Risk identified were reviewed regularly at management meetings and staff provided with the appropriate information to prevent or manage risks.

The provider had a plan in place to respond to major incidents likely to cause disruption of services or serious damage to property. There was a separate COVID-19 emergency plan available to guide staff, which was regularly updated.

Judgment: Compliant

### Regulation 27: Infection control

Infection prevention and control strategies had been implemented to effectively manage and control the outbreak in the centre. These included but were not limited to:

- Implementation of transmission based precautions for residents where required.
- Staff temperature checks twice daily in line with current guidance.
- Ample supplies of PPE available. Staff were observed to use PPE in line with national guidelines.
- There was increased cleaning and disinfection of all residential units. Inspectors were informed that there were sufficient cleaning staff and resources to meet the needs of the centre. Additional cleaning staff had been employed at the height of the outbreak to support enhanced cleaning.

A seasonal influenza and COVID-19 vaccination program had taken place with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff.

While there was evidence of good infection control practice outlined above there were issues fundamental to good infection prevention and control practices which required improvement:

- Two insulin pens were not labelled.
- Three PPE dispensers were damaged and could not be cleaned.
- Staff hand hygiene practices required review as some staff were seen to wear watches, which meant that they could not effectively clean their hands.
- There was no hand towel holder available at the hand hygiene sink in the activities room where hand towels were stored on a window sill.
- Two commodes blocked access to the sluice hopper and could lead to cross contamination.
- The cleaning practices described by one member of the cleaning staff, on the day of the inspection, was not appropriate.
- One of the disinfectant solutions was not constituted according to the manufacturers guidance.
- Spray bottles containing cleaning solution were being discarded, however the bottles were not washed out and dried between uses.
- One bottle of cleaning solution was not labelled at the nurses station for the duration of the inspection day.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

On the day of inspection, inspectors observed that there were three hoists stored at a fire exit. Furthermore, one of these hoists was being charged. This inappropriate storage posed an impediment to the use of the door as an escape route in the case of a fire. Due to this risk, assurances were requested following the inspection, that alternative storage arrangements were in place. The provider provided assurances that this was addressed.

Inspectors reviewed personal emergency evacuation plans (PEEPs) for residents and these were seen to be in place.

Inspectors found that the centre had regular fire drills and the PIC had awareness of the drills schedule completed and planned. Documentation relating to recent fire drills required improvements to ensure that the centre was recording the number of residents, the number of staff and the mode of evacuation of the residents for each drill.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident's records relating to COVID-19, restraints, nutrition and wounds.

Residents' individual care plans and records were person-centred and contained detailed information specific to the individual needs of the residents.

Care plans were based on comprehensive assessments of a residents needs, such as falls risk assessment, manual handling assessments and wound assessment tools. Care plans were seen to be completed within 48 hours of a residents admission into the centre.

There was evidence that care plans and risk assessments had been reviewed in the previous four months or updated when the condition of the resident changed. As a result care plans were up to date and reflected residents' current needs.

Judgment: Compliant

## Regulation 6: Health care

Inspectors found that residents had access to appropriate medical and allied health care support to meet their needs.

Residents had good access to a general practitioner who visited the centre six days a week and was also available by telephone. In addition residents had access to consultant geriatrician, psychiatry of old age and palliative care services as required.

The residents had access to a physiotherapist on site. Access to other allied health services such as occupational therapy, speech and language, and dietetic services were available by referral. Access to these services were seen throughout residents records.

Opticians, dental services and chiropody services were also available and visited the residents when required.

Judgment: Compliant

## Regulation 8: Protection

Arrangements were in place to ensure that where money was managed by the provider on behalf of the resident, there was appropriate safeguarding and monitoring against potential financial abuse.

All staff had received training in the protection of vulnerable adults. Discussions with

staff on the day of the inspection indicated that staff were familiar with safeguarding policies and were aware of their role in protecting residents from abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents spoken with expressed the view that they were happy living in the centre. They said if they had any concerns they would speak with staff.

Inspectors reviewed minutes of residents meetings. Inspectors found examples of how issues and feedback raised by residents had translated into an action plan by the relevant staff members. Residents were seen to use these meetings to voice their opinions on the centre. Records showed that in one meeting they concluded with prayers in memory of the deceased residents. They also expressed their gratitude and relief for the recent vaccination programme within the centre.

Inspectors observed good examples of where residents' privacy and choice was respected within their care plans and records. Furthermore in observations throughout the day, interactions between residents and staff were positive and respectful, with staff observed to give residents time and space to make their views known.

During the outbreak, the provider had redeployed a staff member to specifically monitor and assist regular communication with family members. Documentation was reviewed that outlined regular communication with family members relating to their loved ones, and their gratitude for this service and support.

During the inspection, inspectors observed plenty of opportunity for residents to participate in activities. Many residents were seen to watch Mass, which was streamed on the television in the day room. Bingo was held in the afternoon with one resident assisting in the role of bingo caller. Inspectors observed the interaction between staff and residents during this activity and found it involved plenty of friendly chat and laughter. These positive interactions contributed to the calm atmosphere in the centre.

The centre also recorded a daily activity report which recorded residents attendance and satisfaction levels regarding the activities on offer. Regular access to video and phone calls with residents family members and friends was recorded within these reports. Residents also confirmed with inspectors that they had access to window visits with their loved ones.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title                                  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                    |                         |
| Regulation 15: Staffing                           | Compliant               |
| Regulation 16: Training and staff development     | Compliant               |
| Regulation 21: Records                            | Compliant               |
| Regulation 23: Governance and management          | Substantially compliant |
| Regulation 34: Complaints procedure               | Substantially compliant |
| <b>Quality and safety</b>                         |                         |
| Regulation 13: End of life                        | Compliant               |
| Regulation 17: Premises                           | Substantially compliant |
| Regulation 26: Risk management                    | Compliant               |
| Regulation 27: Infection control                  | Substantially compliant |
| Regulation 28: Fire precautions                   | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant               |
| Regulation 6: Health care                         | Compliant               |
| Regulation 8: Protection                          | Compliant               |
| Regulation 9: Residents' rights                   | Compliant               |

# Compliance Plan for Lusk Community Unit OSV-0000505

Inspection ID: MON-0032209

Date of inspection: 03/03/2021

## 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   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Findings from monthly metrics to be discussed at handover and 3 monthly unit meeting. CNM2 and CNS to follow up on areas that needs improvement and arrange for further training and education if required.</li> <li>• Discussion at hand over has already commenced.</li> </ul>  |                         |
| Regulation 34: Complaints procedure  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The centre are following up with the complainants of the two complaints documented. The centre will ensure that a record will be kept of satisfaction levels and attempts to contact complainants to inform them of the outcome of any investigations.</p>   |                         |
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The splash back, wall and window sill in the nurses station in Rush unit was not clean and was damaged. The paintwork of some walls, radiators, one grab rail and door frames were chipped or damaged, which meant that these surfaces could not be effectively cleaned - Paintwork : done on April 30th</li> <li>• Seals behind two hand hygiene sinks seen were not intact which would not facilitate</li> </ul> |                         |

adequate cleaning - Seals and hand sinks completed July 31, 2021.

- Six bedside lockers and two couches in the centre were seen to be heavily worn and had damaged surfaces, impacting on effective cleaning - Lockers – replaced. Couches- to be replaced – August 31st 2021
- Flooring was seen to be heavily marked or damaged in areas such as the physiotherapy room and snoozlan rooms and the flooring joints had peeled away in two en-suite bathrooms. Flooring was missing in the resident and staff toilet in the Rush unit. Floors completion date anticipated to be Oct.2021 Request has progressed to estates.
- Discarded items of patient equipment such as five walking frames, specialist seating and four broken chairs, a table and a wooden palette were inappropriately stored in the resident courtyard awaiting collection- Frames –removed new storage facility – March 31st
- There was inappropriate storage on hand hygiene sinks for example cleaning solutions, hand creams, a heavily worn nail brush and used drinking cups. Paper and used medication blister packs were seen in the hand hygiene sink in the clinical room, which was not clean - Immediate action included in routine cleaning
- In one cleaners room, two un-lidded containers of disinfectant tablets were stored on the hygiene sink and cleaning cloths were stored on a radiator beside floor scrubbing pads. This practice had the potential to lead to cross infection - Immediately attended to and resolved.
- The desk and phone in the nurses station were not clean with debris and liquid stains present throughout the day of inspection – Immediately attended to and resolved.
- Bed cages, wheelchair foot plates and bed mattresses were stored on the floor in an equipment room where the floor was not clean, there was dust and debris present - Immediate action- March 31st
- Courtyards and gardens accessible to residents were overgrown. Inspectors were told that the gardening contractor had been unable to attend since December 2020 due to the outbreak of COVID - 19 and would come to the centre when the outbreak was declared over. Residents said they were looking forward to getting out to these areas when the weather became warmer - Gardening contractor returning to work May 10th- 2021.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Two insulin pens were not labelled - Immediate action- discarded
- Three PPE dispensers were damaged and could not be cleaned - Immediate action – replaced

- Staff hand hygiene practices required review as some staff were seen to wear watches, which meant that they could not effectively clean their hands - Immediate and ongoing education for all staff reminders not to wear watches. Bare below elbow encouraged.
- There was no hand towel holder available at the hand hygiene sink in the activities room where hand towels were stored on a window sill – Resolved March 21.
- Two commodes blocked access to the sluice hopper and could lead to cross contamination – Immediately resolved on day and staff reminded of free access and egress to equipment.
- The cleaning practices described by one member of the cleaning staff, on the day of the inspection, was not appropriate - Immediately notified cleaning contractors who had staff upskilled within 2 weeks of inspection.
- One of the disinfectant solutions was not constituted according to the manufacturers' guidance - Immediate action on day and staff received upskilling within two weeks of inspection.
- Spray bottles containing cleaning solution were being discarded, however the bottles were not washed out and dried between uses - Immediate action on day of inspection and ongoing reminders to staff.
- One bottle of cleaning solution was not labelled at the nurses' station for the duration of the inspection day - Discarded and staff informed of requirements when managing cleaning agents.

|                                 |                         |
|---------------------------------|-------------------------|
| Regulation 28: Fire precautions | Substantially Compliant |
|---------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- New designated area for storage and charging hoist.
- Required improvement noted and are now included in relevant documentation.

## 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).

| <b>Regulation</b> | <b>Regulatory requirement</b>  | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|--|-------------------------|--------------------|---------------------------------|
| 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             | 31/10/2021                      |
| 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.          | Substantially Compliant | Yellow             | 31/07/2021                      |
| Regulation 27     | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare   | Substantially Compliant | Yellow             | 04/03/2021                      |

|                         |  |                         |        |            |
|-------------------------|--|-------------------------|--------|------------|
|                         | associated infections published by the Authority are implemented by staff.   |                         |        |            |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.   | Substantially Compliant | Yellow | 31/03/2021 |
| Regulation 34(1)(f)     | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall 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. | Substantially Compliant | Yellow | 31/07/2021 |