<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Community Nursing Unit Clonskeagh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000491</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Clonskeagh Road, Dublin 6.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 268 0300</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:alice.harding@hse.ie">alice.harding@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John Anthony O'Donovan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Deirdre Byrne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>86</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
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.
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>
</tr>
</thead>
<tbody>
<tr>
<td>18 November 2014 09:30</td>
<td>18 November 2014 17:30</td>
</tr>
<tr>
<td>19 November 2014 09:00</td>
<td>19 November 2014 15:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

The inspection took place to assess 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 2009.

The inspector also followed up on areas of non compliance identified at the previous inspection, which took place on the 7 and 8 May 2014. At that inspection a significant number of non compliances were identified, with 33 actions required. The high level of non compliances was discussed with the provider nominee (the provider) at a meeting in the Authority offices on 22 May 2014. An action plan update was submitted by the provider following this meeting that outlined improvements to be carried out.

As part of the inspection, the inspector met with residents, family and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures.

At this inspection, the inspector found significant progress had been made in
addressing the non compliances from the previous inspection. The inspector found the mealtime procedures and practices had improved considerably and it was a pleasant experience for residents. There were robust system in place to ensure residents' meals were in accordance with their dietary requirements. There was increased supervision of residents throughout the day and staff allocation had been reviewed to ensure a presence in each unit at all times. The inspector observed that staff interacted with residents in a kind, dignified and respectful manner. There were improved practices in the management of risk and staff were aware of the procedures to be followed in the completion of risk assessments.

The staff were knowledgeable of the health care needs of residents and there were good practices in the documentation of care plans. There was good access to general practitioner (GP) services, with care provided in a timely and effective manner, and good access to medical, pharmaceutical and a range of allied health professionals.

There were adequate staffing levels and skill mix to meet the assessed needs of residents. A robust staff recruitment process was in place. A detailed training programme was in place and staff were knowledgeable of the centre key operational policies and procedures.

A small number of improvements were identified, and these related to the premises and an aspect of documentation. The 33 actions from the previous inspection were reviewed, 30 had been completed and 3 had not been fully completed. These related to the non compliances in the physical design and layout of the building.

These and all other matters are outlined in the report and Action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. 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.

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

Findings:
The inspector was satisfied a written statement of purpose was developed for the centre that met the requirements of Regulation 3 and Schedule 1 of the Regulations.
The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided. The Statement of Purpose had been revised since the last inspection to include all information required by the Regulations and the new person in charge's details.

**Judgment:**
Compliant

### 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):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied there was a clearly defined management structure that outlined the lines of authority and accountability, with systems in place to review the quality and safety of life of residents.

There were robust governance arrangements in place. At the previous inspection, the inspector viewed meetings of minutes held between the provider and the person in charge. The provider met the person in charge on a regular basis at the designated centre. There were also formal meetings along with director of nursing of other designated centres overseen by the parent organisation. The person in charge outlined a range of meetings held in the centre since the previous inspection, which included an action plan review on the last inspection report, residents' health care needs, staffing levels, training and care plan updates. The provider frequently visited the centre to meet the person in charge.

The system in place to monitor the quality and safety of care and the quality of life of residents had improved since the last inspection. The person in charge outlined the systems in place to review the health and quality of care provided to residents. Comprehensive audits had been completed on a range of key performance indicators including, falls, restraint and infection control. A detailed analysis was carried out and a comparison with the previous audits carried out. There was evidence of action taken and improvement brought about. For example, a recent falls audit found the majority were unwitnessed. A range of recommendations were made, including the use of pendant alarm, a call bell pager response system for staff, and regular fifteen minute walks by staff. The result being, improved supervision of vulnerable residents and better ways for residents to alert staff after a fall.
A health safety and risk committee met every quarter, and findings of a range of audits completed in the centre were reviewed at this meeting. Minutes of the meeting were read, and included a review of falls, risk management, infection control, restraint and staffing. Furthermore, the person in charge had sought out residents views on life in the centre. For example a resident satisfaction survey and activities questionnaire had been completed since the last inspection and report on their findings completed.

The person in charge was aware of the requirement to prepare an annual report on the overall review of the safety and quality of care of residents. In the interim, the person in charge had a system in place of providing feedback to residents. She had introduced a newsletter which was read by the inspector. Along with a range of information for residents, it included the results of a audits carried out in the centre. The person in charge said the recent satisfaction survey findings would be outlined in the next newsletter.

**Judgment:**
Compliant

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

**Findings:**
The inspector was satisfied that the centre was managed by a suitably qualified and experienced person with accountably and responsibility for the service.

The action from the last inspection was completed, and the person in charge demonstrated accountability, authority and responsibility for the provision of the service. Since June 2014, a new person in charge was responsible for the management of the centre. She had completed a fit person interview in the Authority offices in June 2014. She was familiar with the residents' health and social care needs, and was observed interacting with resident's during the inspection. The person in charge was a registered nurse who had the relevant length of experience required by the Regulations. She demonstrated adequate knowledge of the Regulations, and was aware of her requirements therein.

The person in charge was also person in charge for another designated centre for older people, and arrangements were in place to manage this centre in her absence. She was based in the centre four days per week and fully engaged in the management of the service. The person in charge held regular meetings with staff. For example, nurse management meetings were held every month and a range of issues discussed and
acted on. She regularly met with the provider who frequently visited the centre.

The person in charge participated in ongoing professional development by attending courses on a range of topics. She had completed diplomas in gerontology and management. In 2014 she had completed a higher diploma in training delivery and evaluation. The person in charge had completed courses in nutrition, and had attended seminars on the national standards and regulations. She also completed training in mandatory areas.

Satisfactory deputising arrangements were in place. The person in charge was supported in her role by two assistant directors of nursing (ADON) who deputised in her absence. Both ADONs participated fully in the inspection process, demonstrated good clinical knowledge and familiarity with the Regulations.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:
The inspector found the records, policies and procedures required by the Regulations were in place. Overall, all records required to be maintained by the Regulations were in place, with one area of improvement identified in relation to residents records.

Although records were maintained in a manner to ensure accuracy and ease of retrieval, some medications were administered as crushed without being individually prescribed, and as required (PRN) medications were administered without a maximum dosage in a 24 hours period prescribed. This was discussed with the person in charge who assured the inspector that the matter would be addressed. A new prescription sheet was in draft format which would enhance the prescription writing process.

The inspector found policies and procedures required by Regulations were in place, and an action from the last inspection in relation to policies was completed. Since the last
inspection the risk management policy and protection of vulnerable adults policy had been reviewed, and guided practice.

The inspector found staff were sufficiently knowledgeable of policies and reflected them in practices. There was a system in place to ensure staff signed were polices had been read and understood.

**Judgment:**
Non Compliant - Minor

### 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

### Outstanding requirement(s) from previous inspection(s):

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

**Findings:**
The inspector was satisfied that systems were in place to protect residents being harmed or suffering abuse were in place. There were measures in place to ensure a positive approach to behaviours that challenged. Restrictive practices were in accordance with the Regulations and national policy.

There was a detailed policy on the protection of vulnerable adults in place. It had been updated since the last inspection, and provided sufficient guidance to staff. Since the last inspection, appropriate action had been taken to address the concerns raised by the inspectors which related to staff practices not maximising residents’ independence and choice. For example, new procedures introduced included a 15 minute walks of units and specific protocols to follow if staff levels were reduced. Additional training had been provided to staff in the protection of vulnerable adults. Staff spoken with were knowledgeable of the types of abuse and the reporting arrangements in place.

The person in charge was familiar with the procedures on how to investigate an allegation, suspicion or disclosure of abuse. She was aware of the requirement to notify any such allegation to the Authority. Since the last inspection, there had been no allegation or suspicion of abuse reported.

The inspector spoke to a number of residents who said that they felt safe and secure in the centre. Families also spoken to said they felt their loved ones were safe and attributed this to the staff who said they were caring and trustworthy.

There were systems in place for safeguarding residents’ money and good practice was
evident. A robust system of documentation was in place to monitor and record all transactions which were accompanied by two signatures.

The inspector read a policy on the management of behaviours that challenged that guided practice. The file of one resident who presented with behaviours that challenged was reviewed. Care plans were developed that guided care to be provided. There were evidenced based tools used where required. This had been an issue at the previous inspection and was now completed. The inspector met the resident during the inspection and found staff interacted with the resident in accordance with their care plan. There was evidence of regular referral, visits and appointments with allied health services such as psychiatry of older age and psychology services.

There was evidence that the national policy "Towards of Restraint Free Environment" was promoted. A policy on the use restrictive practices was implemented in practice. There was evidence of consultation with residents and their family in the use of restraints, with regular risk assessments completed. This was overseen by a multi-disciplinary team (MDT) who carried out the initial assessment. An occupational therapist, physiotherapist and a nurse formed the MDT and records of their assessments were maintained in files. Care plans were developed and regular monitoring checks were carried out when restraint was in use. While the use of bedrails in the centre was at 45%, there were regular audits carried which had identified a reduction in bedrails. For example, bedrail usage dropped from 49 in February 2014 to 38 in October 2014 and lap belts from 25 to 7 over the same period of time. The use of alternatives was actively encouraged and since the last inspection, eight additional beds of "low low" type had been purchased.

Judgment:
Compliant

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

Findings:
The inspector was satisfied that there were robust systems in place to protect and promote the health and safety of residents, visitors and staff.

There was a risk management policy that met the requirements of the Regulations. This had been an action at the previous inspection and completed. Along with a suite of risk management policies, a local centre specific risk management policy was in place. The person in charge had revised the local risk management policy to include additional procedures that would guide staff.
A risk register was read that contained risk assessments for a range of hazards identified along with control measures to manage them. It was divided into three areas: completed, ongoing and new risks. Areas of risk identified at the previous inspection had been risk assessed and appropriate controls put in place to prevent their recurrence. For example, the risk of smoking, risk of choking and risk of abscondion.

There were systems in place to ensure risks were regularly monitored and reviewed. Since the last inspection, documented risk assessment walks were carried out. The inspector read the report of the most recent walk from 1 November 2014 which outlined a number of actions to be taken to address risk identified. In addition, staff were now involved in the completion of risk assessments, and trained to on the documentation and reporting of risks.

A health and safety representative was nominated in each of the four units. A quality, safety and risk committee, met quarterly and minutes read. The last meeting took place on 9 September 2014. Issues discussed included the risk register, fire safety, smoking and falls. Staff informed inspectors that action decided to be taken at the meetings were discussed with them at handover and at their unit staff meetings. This had been an action at the previous inspection and now addressed.

There were arrangements in place to manage adverse events involving residents, and there was policy in place that outlined these. There was evidence of learning and improvement to prevent these incidents from happening again. For example, the management of falls had improved, with evidence of prevention of falls and serious injuries in the centre. This had been an action at the previous inspection and completed.

The inspector saw residents were encouraged to be as mobile as best as possible, and were seen being escorted around the centre. Staff were observed following best practice in the movement of residents. There was safe floor covering and handrails throughout the centre and a passenger lift accessed each floor.

A comprehensive emergency plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. This had been an action at the previous inspection and was addressed.

The inspector found systems and policies were in place to control and prevent infection. An infection control committee had been established since the previous inspection. The person in charge had introduced “tool box talks” with staff which consisted of short training briefs on topics such as, hand hygiene, respiratory tract infection, personal protective equipment and correct use of gloves. Staff had also received training in infection and appeared to follow best practice. There was access to supplies of gloves and disposable aprons and staff were observed using the alcohol hand gels which were available throughout the centre.

The inspector was satisfied that suitable fire precautions were in place. There were fire orders displayed throughout the centre. The inspector read fire procedures that outlined the responsibilities of each grade of staff working in the centre. Records of regular fire drills were read by the inspector, and included the length of drills and outcome. This had
been an action at the previous inspection. There were weekly fire drills on each unit and twice yearly unannounced fire drills. Staff spoken with were knowledgeable of the procedures to follow in the event of a fire.

Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced regularly and fire equipment was serviced annually. It was noted that the fire panels were in order and fire exits unobstructed. There were daily checks which now included fire exits. This was an action at the previous inspection and completed. Training records reviewed confirmed all staff had completed annual training.

**Judgment:**
Compliant

---

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

**Findings:**
The inspector was satisfied that each resident was protected by policies and procedures for medication management. The actions from the previous inspection were satisfactorily addressed.

There were policies in place relating to the ordering, storing and administration of medicines for residents. There were also policies in place on out of date and the disposal of medication. A sample of residents medication prescription and administration sheets were reviewed and overall good practice was observed. However, an area of improvement in relation to the recording of medications administered to residents required improvement and is outlined under Outcome 5 (Documentation).

Nursing staff spoken with were knowledge of the best practices to follow. This had been an action at the last inspection and now completed.

The inspector saw a procedure on and observed good practice in the management and storage of medications that required strict controls (MDAs). A register of controlled medications was held, and two nurses checked the balance of the medications at the end of every shift.

There was evidence of regular review of residents’ medication by a GP. There was a system in place for monitoring safe medication practices. This had been an action at the last inspection and was completed. An audit had been carried out by the pharmacy. In
addition, documented audits were completed by ADONs and the CNMs of each unit audited each another, where improvements were identified it was evident they were acted on.

The ADON had commenced observation audits of practice, with one completed since the last inspection. The inspector saw training records that confirmed nursing staff completed medication management training. There had been eight medication errors in the centre since the last inspection. The person in charge had investigated each error and appropriate action had been taken, with sharing of the improvements to be made with staff at handover and staff meetings.

Judgment:
Compliant

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 inspector was satisfied a record of all incidents occurring in the designated centre were maintained and notified where required to the Chief Inspector.

The action from the last inspection was completed. The person in charge was familiar with the incidents that required notification in three working days, along with a report of specified incidents to be made every three months. There was a system to record, report and review all incidents.

Judgment:
Compliant

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

Findings:
Overall, the inspector found residents were regularly assessed for a range of health care needs with care plans developed where a risk was identified. There was evidence of good practice in the management of residents' health care needs, with suitable supervision and leadership in the care delivered. The actions from the previous inspection were fully addressed.

A sample of residents' care plans were reviewed during the inspection. Actions from the last inspection were completed and good practices were found in the documentation of care plans. A key nurse was identified to oversee the care planning process for a number of residents. There was evidence of regular re-assessment of residents' health care needs every four months or more frequently if required. Care plans were developed where a need was identified and there was evidence care plans were regularly reviewed. An action from the previous inspection had been completed, and care plans reviewed outlined the interventions required, were detailed and guided practice. There was evidence residents were consulted with regarding their care.

There were good practices in the management of residents' nutritional needs. There were complete and accurate mini nutritional assessments completed for each resident on a regular basis. This had been an action at the previous inspection and was completed. A care plan was developed where a risk was identified. There was evidence that residents were regularly weighed on a monthly basis and more frequently where required. There were monthly reviews by a dietician and recommendations made were incorporated into care plans. Food and fluid monitoring charts were commenced if residents were at risk of malnutrition or had lost weight. This was confirmed by staff who showed the inspector the file of one resident who had recently experience weight loss.

The inspector found good practices in the management of falls. There was a policy on the prevention of falls that was implemented in practice. The files for a number of residents' at risk of falls were read. There was consistent evidence that neurological observations were completed following an unwitnessed fall or suspected head injury. Care plans were updated following a fall, and outlined the interventions and strategies to prevent future falls occurring. There was evidence of regular review by a physiotherapist of residents who had experienced falls or were at risk and recommendations were followed in practice and incorporated into care plans. This had been an action at the previous inspection and was now fully completed. There was evidence of regular assessments, and post falls assessments carried out following a fall. The inspector saw controls measures were in place to protect resident's such as hip protectors, alarm and crash mats.

The inspector found suitable arrangements were in place for wound care. There was a policy in place to guide staff. There were two residents with wounds at the time of inspection. The files for both residents were reviewed. There were care plans developed that outlined the frequency and dressing type. A wound assessment chart was
completed to track healing and photos were also taken. Residents were regularly assessed for the risk of developing pressures sores, and care plans were developed where a risk was identified. The action from the previous inspection was completed. Since the last inspection a full review of all pressure relieving mattresses settings had been carried out. The mattresses had been replaced with alternating pressure mattresses.

There was one GP available to the service however, residents had a choice of retaining their own GP and there was evidence of regular review of residents' medical needs. Appropriate arrangements were in place for on call out of hours and at weekends. There was access to a range of allied health. For example, in house services included physiotherapy and OT were provided. There was good access to a dietician, speech and language therapy, psychiatry of old age, dentistry, optometry and chiropody. Where recommendations were made, these were recorded and residents' care plans were updated.

**Judgment:**
Compliant

---

**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 inspector found aspects of the design and layout of the building did not fully meet the requirements of the Regulations and the Authority's Standards, and the individual and collective needs of the residents. At the previous inspection, a report was shown to the inspector that outlined plans to address the issues along with the multi-occupancy room by 2015. At this inspection, the person in charge outlined new proposed plans in relation the three bedded rooms in the provision of increased respite care. The person in charge was advised that any proposed changes would need to be submitted in writing to the Authority prior to any consideration being made.

Since the last inspection a number of deficits remain and are as follows:

- the living and dining rooms in each of the centres four units were small in size, and accommodated a maximum of eight to ten residents at any one time.
- there was no provision of a communal toilet for residents close to each of the dining and living areas on each unit. While the person in charge outlined plans for a communal toilet to be made available on the ground floor, there were no such plans for the other floors.

There were improvements made in the following areas:

- the use of screening in multi-occupancy rooms had been reviewed. Since the last inspection a review of the mobile screening in the two and three bedded rooms had been carried. This was completed by two external companies. A report of the review was shown to the inspector by the person in charge who also submitted a copy to the Authority following the inspection. A risk assessment had been carried out and an action plan had been put in place to ensure residents privacy and dignity in these rooms.

- the decor of the centre had improved. There was enhanced decoration consistent throughout all units. The inspector found soft seating, couches and coffee tables were provided in reception areas and halls. New paintings had been hung on wall. There walls in each unit were painted different colours. The person in charge was proposing to enhance sitting areas with the provision of a replica fire place.

- there was improved storage space, with additional storage areas identified since the last inspection. However, the inspector found with hoists and assistive equipment continued to be stored in communal bath rooms.

The centre was in a clean condition, and maintained to a good standard of repair. A number of residents' bedrooms were seen by the inspector, and all had an en suite shower, wash-hand basin and toilet. Each bed was provided with a call bell, and these were regularly serviced. An audit of call bell response rates was to be introduced. The person in charge explained the monitoring of call bells use in the centre would improve practice. Each bedroom was provided with a wardrobe and a locker space with lock. The inspector visited a number of residents in their rooms and observed they had added their own personal touches to them.

There were a number of secure, enclosed gardens, directly accessible from the centre. They were pleasantly laid out, with paved tiling, and seating areas, along with potted plants. An internal, smoking area with mechanical ventilation was located on the ground floor. There was assistive equipment such as hoists and lifts provided, and reports read by the inspector confirmed they had been recently serviced and were in good working order.

Judgment:
Non Compliant - Moderate
Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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:
The inspector was satisfied that residents' were provided with meals that were wholesome and in accordance with their assessed needs. Areas of non-compliance identified at the previous inspection were completed. The overall mealtime experience for residents had improved and good practices were observed.

The inspector spent time in the dining rooms of two units at the lunchtime meal. Overall, the mealtime experience had significantly improved since the previous inspection, and actions were completed. There were two sittings in each unit. One sitting for independent residents and the other for more dependent residents requiring assistance. A designated nurse was assigned at mealtimes to ensure residents received the correct consistency diet, and received appropriate supervision.

One of the ADONs outlined the mealtime routine to the inspector. A new system had been put in place since the last inspection to ensure residents received meals in the correct consistency diet. All meals were brought over from a central kitchen in temperature controlled hot trollies by trained catering staff. The meals for independent residents were plated up at the dining room, from the hot unit. The meals for residents on a modified consistency diet were plated in the units kitchenette up under the supervision of nursing staff. There was an up-to-date list on the wall of each kitchenette that outlined the residents dietary requirements, and the type of diet they were on. The inspector saw residents received the correct diet prescribed.

During the meal the inspector observed staff discreetly supervising residents and supporting them where required. Where staff provided assistance, they were seen to sit beside the resident and offer encouragement along with chatting to the residents. Music play softly in the background of all units. Tables were pleasantly set and residents were served as they sat. Staff showed residents meals to see in order to make a choice.

A menu was displayed on each table in the dining rooms that outlined the choice of meal for the day. There was a variety of options available to all residents, with up to three choices for lunchtime meal. There was evidence of choice for residents on a modified consistency diet. The staff were familiar with the special dietary requirements, the preferences of residents’ and were knowledgeable of the residents' assessed needs.

The inspector saw residents being offered a variety of snacks and fresh water, fruit
Juices and hot drinks during the day.

The inspector visited the kitchen and met two catering managers. The were systems in place to ensure the catering department were provided with information on residents nutritional needs. The inspector was shown a weekly report that outlined the residents up-to-date dietary requirements. Nursing staff updated the catering department if changes occurred. There was a four week rolling menu which was reviewed by the dietician.

**Judgment:**
Compliant

**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:**
The inspector was satisfied that the centre was managed in a way that maximised residents capacity to exercise personal autonomy and choice. The actions from the last inspection had been addressed and procedures were in place to ensure routines and practices enhanced residents independence.

The inspector found significant progress had been made since the last inspection to enable residents to exercise choice over their life to maximise their independence. There were new arrangements in place to ensure staff to responded to and supervise residents in the units. The person in charge outlined these changes to the inspector. For example, the residents meal times and staff breaks did not overlap, at any one time there were to be no less than two staff in each unit, regular fifteen minute staff walks took place. These changes meant there were regular checks of all residents both in communal rooms and bedrooms. The inspector spoke to staff who were knowledgeable of the procedures.

The inspector found procedures to ensure residents privacy had improved and action had been taken since the last inspection to ensure residents personal information was not displayed publicly. Actions from previous inspections had been addressed and residents personal dietary information was no longer displayed on table-mats.

The inspector was satisfied residents' had opportunities to participate in activities that
were meaningful, purposeful and in accordance with their interests. An action from the previous inspection was completed, and activities took place unit level for residents unable, or unwilling to take part in group activities. These changes were outlined by the person in charge. An activities committee had been established since the last inspection to review the activities programme in the centre. It met monthly and members included the activities manager, occupational therapy (OT), housekeeping manager and person in charge. The OT had also developed a therapeutic activities programme being rolled out in three units, with up to four residents attending, once a week. Also a pilot sensory programme had been introduced by the OT, with one resident currently participating.

Since the last inspection a residents survey and activities questionnaire had been completed. An analysis had been carried out and action plan developed. The improvements included a review of the quality of activities, information on daily activities displayed alongside the menu and increased outings.

The inspector met the activities coordinator who outlined the range of activities that took place on the ground floor each day for more independent residents and included arts, music, exercise, and gardening. She also described the outings organised since the last inspection such as trips to the Phoenix Park, Stephens Green and the city centre.

There were robust arrangements in place to facilitate residents to participate in the organisation of the centre. A residents’ committee met every two months. The minutes of the last meeting were read, and where issues were identified they were followed up. In addition, there was a catering circle that comprised of resident representatives, clinical and catering staff. Where issues were identified by residents, they were followed up by the person in charge.

Religious and spiritual needs of residents were respected. The person in charge outlined the services available to the residents. Mass was celebrated in the centre and a small oratory was located on the ground floor at the back of the open plan recreational area.

**Judgment:**
Compliant

---

**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:
The inspector was satisfied that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on the day of inspection. The actions from the previous inspection were completed.

There were adequate staffing levels and skill mix provided on the days of inspection. A two week roster was read that accurately outlined the staff on duty. There was evidence of sufficient staff on duty during the inspection. The person in charge had reviewed staffing levels on each unit and ensured there were sufficient staff to provide supervision to residents at any one time. This had been an action at the previous inspection and was completed. At night time, there were four nurses on duty. In addition, a CNM oversaw the management of the centre at night time. A twilight health care assistant shift from 6pm to 10pm had been introduced in one unit. The staff confirmed the extra staff member enhanced supervision of residents at this time.

There was a recruitment policy that met the requirement of the Regulations. The inspector reviewed a sample of staff files and found documentation required by Schedule 2 of the Regulations was in place. This had been an action at the previous inspection and was complete.

The person in charge had commenced staff appraisals for clinical nurse managers (CNM). She had plans to extend this to all staff. It was envisaged that CNM staff would receive training in completing appraisals at unit level.

The inspector reviewed a sample of nurses files and found there was up-to-date registration with An Bord Altranais agus Cnámhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

There was education and training available to staff in a broad range of areas. All staff had completed up-to-date mandatory training. There was a robust system in place to ensure all had up-to-date training and a training matrix tracked training completed by staff in 2014. There was evidence of certificates of training and attendance sheets to verify the training completed by staff.

A small number of volunteers and external service providers provided a valuable service to residents in the centre. This was not reviewed at this inspection. However, at the previous inspection volunteer files reviewed contained the information required by Regulations.

Judgment:
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Community Nursing Unit Clonskeagh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000491</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>18/11/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/12/2014</td>
</tr>
</tbody>
</table>

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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were gaps in the medication administration records required to be maintained for residents.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The process or recording and prescribing has been augmented to reflect deficiencies identified during the Inspection on the 18th and 19th of November 2014. The medication management policy now includes a Standard Operating Procedure which incorporates the necessary changes.

Proposed Timescale: 22/11/2014

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:
The design and layout of the communal areas of the centre in each unit do not meet the needs of all residents.

There was no provision of independently located toilets close to the communal areas on all floors.

There was inadequate provision of storage space for assistive equipment

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The person in charge and Provider Nominee are reviewing the communal space on each ward area to ensure that these areas are enhanced. The person in charge will also ensure that residents are offered dining alternatives away from the residents ward area where desired. Alternative dining space is available on the ground floor adjacent the day care area. The Unit offers much space for communal activity outside of the designed ward area’s and the person in charge will ensure that such alternatives are available to residents.

The communal toilet on the ground floor will be commissioned and the person in charge will review all possible options/alternatives for each of the other ward areas with the maintenance officer. The person in charge will undertake to provide a report on this evaluation by the 28th of February 2015. (ongoing)

Proposed Timescale: 31/12/2014