



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Dalkey Community Unit for Older Persons
Name of provider:	Health Service Executive
Address of centre:	Kilbegnet Close, Dalkey, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 December 2019
Centre ID:	OSV-0000510
Fieldwork ID:	MON-0027357

About the designated centre

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

The centre is based in South Dublin and is run by the Health Service Executive. The centre is close to bus routes no 29 and no 8 and to the dart service. It was purpose built in 2000 and provides 36 long-term places, 12 respite care, places and two convalescence. There is also a day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy and occupational therapy. The centre is currently undergoing a redevelopment programme and is now providing accommodation for 28 residents. The respite and convalescent placements have been temporarily relocated to other centres located nearby with the respite placements returning once the works have been completed.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 December 2019	10:10hrs to 15:10hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Residents who spoke with the inspector on the day of the inspection expressed high levels of satisfaction with the redevelopment works. Residents who had moved back to Castleview unit from Hillview unit were content with their renovated room environments. They told the inspector that they found their rooms to be warm and comfortable and mentioned that there was sufficient storage facilities to meet their storage requirements.

At the time of the inspection residents were seen relaxing in the upgraded TV room or engaging in the planned activity programme. Residents were particularly happy with the dining room which afforded them space to enjoy their meals.

Residents told the inspector that they were also happy with the communal bathrooms upgrade on Castleview unit and that these facilities now met their needs.

Residents also expressed their appreciation for the support they received from the staff team and mentioned that staff were kind and caring

Capacity and capability

Overall care and health service provision was well managed in the centre with residents receiving good outcomes in these areas. There was a well-established management structure in place which ensured that services were monitored on a regular basis. The arrangements to oversee the running of the centre included regular meetings with clinical and operational staff.

The provider had maintained the same staffing levels that were in place prior to the redevelopment works. Staff had regular access to mandatory training such as moving and handling, fire safety and safeguarding.

The redevelopment works to improve facilities at the centre was progressing according to the planned schedule with the proposed date for completion of works at the end of February 2020.

The centre had developed robust communication systems to keep residents and their families informed about the redevelopment works, through resident committee meetings and satisfaction surveys.

Regulation 15: Staffing

There were appropriate numbers of staff with the required skill mix to meet the needs of the residents. Staffing levels were maintained by the centre throughout the redevelopment works which ensured residents were cared for by staff who were aware of their health and social care needs. Supervision on Castleview and Hillview units was provided by clinical nurse managers and the Inspector observed effective communication between staff and management which ensured resident care needs were met.

Staff were observed assisting residents with their personal care needs and this was done in a discreet manner. Staff were observed providing support to residents using a person centred approach and mindful of residents communication needs

There were low levels of sickness in the centre. Vacant shifts were covered by utilising resources from the existing staff team or through agency cover.

Judgment: Compliant

Regulation 23: Governance and management

There was a stable management team in the centre with clear lines of accountability and responsibility. Well established lines of communication ensured staff were able to ensure resident needs were discussed and dealt with in a timely manner. In addition handovers were held at the beginning and end of each shift which allowed for the transfer of key information between staff teams. There were a range of clinical audits in place to monitor resident health outcomes.

There was evidence available that indicated resources were been utilised for the benefit of residents. There were sufficient staffing resources in place to meet the needs of the residents. The centre was undergoing building redevelopments work to its premises which provided residents with improved living environments.

Responses to satisfaction surveys received from residents and family members were positive with residents expressing their satisfaction with the new dining facilities, the cleanliness of the centre and the levels of autonomy they had with regard to decision making.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of resident contracts indicated these contracts were appropriately signed and witnessed. The contracts set out clearly the terms and conditions of living in the centre and all indicated which room the resident was been offered. Contracts also described circumstances where additional costs could be charged

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place which met the requirements of the regulations. This policy was advertised throughout the centre. The complaints register was reviewed and showed that all complaints received by the centre were dealt with according to the centres policy. There was good communication and feedback provided to complainants. The centre was eager to ensure care practice was improved through analysis of complaints received.

Judgment: Compliant

Quality and safety

The inspector found that residents were in receipt of care and support from a staff team that knew the residents very well. Interaction between staff and residents was observed and it was found that these interactions were based on respect for the individual with a focus on person centred care.

A selection of resident care plans were reviewed and were found to be based on a comprehensive pre assessment of residents needs prior to admission. Care plans were well written and easy to follow with resident's wishes and aspirations incorporated into these plans.

There was a structured activity programme in place which offered residents opportunities to engage in activities. Resident were seen receiving support from staff to attend activity sessions.

The quality of accommodation in Castlevue unit had improved as a result of the redevelopment works. Residents had access to upgraded bathing, living, dining and sleeping facilities. Storage in the centre had also improved with space set aside for the storage of mobility equipment.

Regulation 17: Premises

The centre was currently undergoing a phased redevelopment programme. Phase one of the planned improvement works had been completed with improvements to residents bathing, dining, living and sleeping facilities.

Resident bedrooms had been upgraded and they now provided sufficient space for residents to store their personal belongings and clothes. Resident privacy in twin rooms was maintained by temporary screens. The centre was waiting for more permanent screens to be delivered and fitted at the time of the inspection.

There were also improvements noted with regard to storage of residents mobility equipment which was now located in a dedicated storage space.

Further enhancements to the premises were to be delivered during completion of phase two of the works programme with the focus on improving resident bedroom facilities in the Hillview area of the centre. These works were nearing completion at the time of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place to ensure that residents were protected from the risk of fire. There were agreements in place to ensure that fire monitoring and detection systems were checked regularly. Clear and unambiguous directional fire signage directed individuals to the nearest fire exit. Fire exits seen were clear of obstruction. Firefighting equipment such as fire extinguishers were located throughout the centre.

The management team were currently reviewing the centres evacuation plan to take account of the next phase of redevelopment works.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A number of resident care plans were reviewed focusing on residents with identified mobility care needs. Care plans were well written and were based on a comprehensive pre assessment of resident needs. Resident wishes and preferences were incorporated into care plans with those seen reviewed on a regular basis

Judgment: Compliant

Regulation 9: Residents' rights

There were opportunities for residents to participate in the planned activity programme. Residents were observed being supported and encouraged by the activity coordinator to engage in group activities. Residents who wished to pursue their own individual activities could do so and were also given support by the staff team.

Staff were seen to be respectful of residents' communication needs and were observed addressing residents in a friendly manner. Where staff were seen to enter residents' bedrooms they announced their arrival stating the purpose behind their visit.

Resident privacy in double bedrooms was enhanced through the provision of temporary screens which maintained residents' privacy and dignity.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

