

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Lusk Community Unit
Centre ID:	OSV-0000505
Centre address:	Station Road, Lusk, Co. Dublin.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Ann Wallace
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
30 January 2018 09:00	30 January 2018 17:00
31 January 2018 08:30	31 January 2018 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to inform an application to renew registration of the centre.

The feedback from the residents and their families who spoke with the inspectors was positive and reported high levels of satisfaction with the care and services provided by staff in the designated centre.

The centre is located close to local shops and amenities and is accessible by public transport links. There is a large car park at the front of the building. The centre has disabled access throughout the building and in the garden areas.

The centre provides accommodation for 50 residents in a one storey building which was purpose built for residential living. The accommodation is organised in two units

each with 25 beds. The units have a mixture of single and twin bedrooms. Communal lounges and dining rooms are available on both units and were well used by residents on the days of the inspection. All resident bathrooms and toilets are wheelchair accessible. The centre had an extensive range of specialist equipment to support residents with their care needs and daily routines. Staff were trained to use the equipment and all equipment was checked and serviced regularly.

The inspector found that there were adequate staff available in the centre to meet the resident' assessed needs. Residents had access to medical and allied health care professionals including specialist services when required.

The centre had effective governance and management arrangements in place to ensure the quality and safety of the service provided to residents. Regular audits and reviews were carried out by the senior nursing team. The inspector found evidence of improvements being made in response to audits and other feedback.

During the inspection residents were seen to be offered choice in how they went about their daily routines. The inspector found that staff demonstrated empathy and respect in their interactions with residents and made every effort to encourage residents to be as independent as possible.

Following the inspection the inspector was satisfied that the actions identified in the previous report had been addressed. However improvements were identified in relation to storage of equipment in the centre and in ensuring that privacy curtains and window blinds were used to protect each residents privacy at all times.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose which included the aims, objectives and ethos of the designated centre and the services and facilities provided. The statement of purpose was updated in December 2017.

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 found that there were sufficient resources made available to provide safe and effective care and services for residents and that the centre had appropriate systems in place to monitor the quality and safety of care provided in the centre. Care and services were found to be in line with the designated center's written statement of purpose.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge (PIC) is a registered nurse who has more than

twenty years experience of providing and managing older persons services and has a qualification in health service management. The PIC cooperated with the inspection process and demonstrated knowledge of their role and responsibilities in relation to the Health Act 2007.

The PIC is well supported in her role by the director of nursing for the local community health organization and by the provider. The PIC and her senior nursing staff prepare weekly reports for the director of nursing and monthly quality and safety reports for the provider. As a result the provider is kept informed about the centre's quality and safety performance outcomes and about any risks or issues and how these are being managed.

The inspector found that the centre had appropriate arrangements in place to supervise staff in their work. The PIC worked closely with the assistant director of nursing and the clinical nurse manager to provide support and supervision for nursing and care staff working in the centre. Staff rosters showed that there were sufficient staff on duty and that the PIC or a member of the senior nursing team is on duty every day including weekends and bank holidays. Nursing and care staff who spoke with the inspectors reported that they saw senior staff regularly and that they were approachable.

Support staff in catering, porters and administration was supervised by the heads of departments for those areas. The PIC had daily contact with heads of departments. Housekeeping and security were outsourced and staff working in these areas was managed by the relevant agency's line managers.

Staff had an annual appraisal and was encouraged to take responsibility for their ongoing training and professional development. There were regular staff meetings including staff handover meetings at the beginning of each shift and staff who spoke with the inspector reported that they had sufficient information and training to provide safe and appropriate care and services for the residents. As a result staff demonstrated responsibility and accountability in their roles and were clear about what was expected of them in their work.

As part of the ongoing governance within the centre the senior nursing team carried out a range of monthly nursing metrics audits and used the findings to identify areas for improvement. Areas included; care plans, medications restraints, pressure sores, falls, incidents and complaints.

Documentation showed that the quality of care and the experience of residents were monitored and reviewed on an ongoing basis. There was a resident's forum which was chaired by an independent advocate and an annual resident survey was carried out. The inspector found that where improvements were required this was communicated to the relevant staff and the relevant changes were implemented. For example the annual quality and safety review for 2017 recorded that in response to resident feedback extra entertainments had been added at weekend and bank holidays because residents said these weekends could feel quite long especially if they did not have family to visit.

Complaints were followed up in line with the centre's complaints procedure and the complainant's satisfaction with the outcome was recorded. At the time of the inspection the provider had identified a need to look at the designated centre's complaints policy in

relation to informal complaints of a more serious nature and a policy review had commenced.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a resident's guide available in the centre. Each resident had a written contract which was agreed on admission. The contract included details of the services to be provided for the resident and the fees to be charged. Additional fees such as hairdressing were documented in the contract. This was a requirement from the previous inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the designated centre as managed by a suitably qualified and experienced person who had the authority, accountability and responsibility for the provision of the service.

The person in charge (PIC) is a qualified nurse with more than twenty years experience of providing and managing older persons services in a residential setting. They hold a diploma in health services management. During the inspection the PIC demonstrated sufficient clinical knowledge and sufficient knowledge of the legislation and her statutory responsibilities.

The PIC works full time in the centre and is involved in the governance, operational management and administration of the centre on a daily basis. The PIC is supported in the role by an assistant director of nursing and a clinical nurse manager who deputized for her in her absence.

The centre had a clear succession plan in place to develop the clinical nurse manager into the PIC role in the future.

The PIC was well known to residents and their families who reported that they saw the PIC regularly and she was approachable.

Judgment:

Compliant

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 found that there were well established procedures in place to safeguard and protect residents from abuse and appropriate actions were taken in response to allegations, disclosures or suspected abuse. There was clear evidence that the centre was working towards a restraint free environment in line with national best practice guidance. Some improvements were required in relation to recording and monitoring the use of psychotropic medications in the centre.

The centre had a comprehensive policy in place that set out the procedures for the prevention, detection and response to elder abuse. Training records recorded that all staff had attended training on safeguarding and elder abuse. Staff who spoke with the inspector were able to articulate the procedure to follow in the event of an allegation, suspicion or disclosure of abuse. Staff were clear about their role and responsibility in keeping residents safe. Staff were clear about who to report any concerns to and reported that senior nursing staff were approachable.

The inspector was satisfied that the person in charge (PIC) and those who deputized for her knew how to respond to any concerns relating to safeguarding or elder abuse.

Residents and their families told the inspector that they felt safe at the centre and that staff were kind and respectful.

The centre had clear systems in place to keep resident's money safe. All transactions were signed by two people. Where the centre acted as a pension agent for some residents there were clear accounting processes in place to ensure that residents were informed about the balance in their account and that they had access to their monies at all times. The inspector checked a sample of residents accounts and found the balances to be correct.

There were policies and procedures in place to guide staff in the management of residents who displayed responsive behaviours.(how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). All nursing and care staff in the centre had attended training on the management of responsive behaviours. During the inspection staff demonstrated knowledge and skills in their interactions with residents who displayed responsive behaviours.

Staff in the centre knew individual residents well and care was found to be person centred. Residents with a known history of responsive behaviours had a care plan in place which identified the triggers for behaviours and outlined the interactions that best met the resident's needs for support and maintaining their safety at these times. This was an action from the previous inspection.

There was a policy in place which set out the procedures relating to the use of restraints (physical, chemical or environmental). The policy had been recently updated and reflected best practice guidance. The policy provided clear guidance for staff on what constituted restraint and their roles and responsibilities in relation to restraints. Staff received training in relation to restraints as part of the mandatory safeguarding training and in their responsive behaviours training. As a result staff were clear about what constituted a restraint and about their role and responsibilities in relation to restraints.

The use of restraints had been significantly reduced since the last inspection and there was clear evidence that the centre was working towards a restraint free environment. Where restraints were being used there was a risk assessment in place that identified the risks and the options that had been considered prior to the decision to use the restraint. The records showed that residents and/or their families had been involved in the decision to use a restraint and their consent was documented.

Restraints were used for the minimal time required to manage the identified risk. Physical restraints were recorded and reviewed monthly or more often if a resident's needs changed. The inspector found that the recording of psychotropic medications needed to improve to ensure that staff recorded the interventions that they had used prior to administering the medication and that this was monitored and reviewed monthly in line with the processes in place for physical restraints.

Judgment:
Substantially 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:

There was a comprehensive range of health and safety policies and procedures in place to protect residents, visitors and staff. Staff were trained in health and safety procedures relevant to their roles and demonstrated a good awareness of health and safety in their day to day work.

There was a health and safety statement and a risk register which were specific to the centre. The risk register had been improved since the last inspection and included a comprehensive list of risks which had been identified in the centre. The risk management policy included all of the items set out in schedule 26 (1).

Individual risk assessments were completed for residents in areas such as moving and handling, falls, smoking and responsive behaviours. Risk assessments were seen to promote resident's independence and choice where possible.

Incidents were clearly recorded in the centre's incident book. The inspector found that serious incidents were investigated through the centre's incident reporting and clinical governance processes. The learning from incidents was communicated to the relevant staff through staff meetings.

All staff had attended infection control training and updates were provided every two years. Staff were seen to follow good infection control practices in their work. Liquid soap and paper towels were provided at all hand wash basins. This was an action from the previous inspection. Alcohol hand gel was located throughout the centre and at the main entrance. Reception staff advised all visitors to use the handgel when entering and leaving the centre.

The centre had clear policies and procedures in relation to moving and handling. All staff were trained in manual handling and nursing and care staff were trained in the use of hoists and other manual handling equipment. Records showed that specialist equipment such as hoists profiling beds, air mattresses and parker baths were serviced regularly in line with the manufacturers guidelines.

The inspector found that the centre had suitable fire safety policies and procedures in place. The fire procedure was displayed at prominent points throughout the building. All staff were trained in fire safety. Staff who spoke with the inspector were able to articulate the fire safety procedure and the evacuation procedure if it was needed. The centre completed regular fire drills and where improvements were required in response times or actions these were documented and communicated to the relevant staff. This was an action from the previous inspection.

The centre had suitable fire equipment in place throughout the building. Records showed that fire safety equipment was serviced regularly in line with best practice guidance. The centre had a fire safety certificate.

Fire exit doors were clearly signed and were kept clear. Records showed that staff completed a daily check of all fire exits to ensure that they were kept clear. The inspector noted that the external exit path from the fire exit beside the laundry was cluttered with gardening equipment which could impede emergency exit should it be required.

Fire doors including bedroom doors were kept shut or were attached to magnetic devices which would automatically release in the event of the fire alarm being triggered. This was an action from the previous inspection.

Judgment:
Substantially 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 found that there was a comprehensive management policy in place which provided guidance to staff on all aspects of medication management from ordering, prescribing, storing and administration. The centre had addressed the actions from the previous inspection. Improvements were still required in relation to recording the administration of medications, the recording of maximum dose of (PRN) medication (a medicine only taken as the need arises) and the return of controlled drugs to the pharmacy when they were no longer required.

The inspector reviewed a sample of medication records and found that photographic identification was available on the drugs record for each resident which helped to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

The majority of prescription sheets were legible and clear however one record did not give a clear end date for a medication that had been discontinued. Nursing staff were aware of the error and had contacted medical staff to arrange for the record to be corrected.

Drugs being crushed were signed by the resident's doctor as suitable for crushing. Records showed that resident's medications were reviewed regularly by their general practitioner (GP) and medications were reduced where possible.

The inspector observed samples of practice on three medication rounds. Overall medication practices were in line with the centre's policies and procedures and reflected best practice guidance. However the inspector found that some medications were signed

by the nurse before they were administered which did not meet best practice guidance and was not in compliance with the centre's medication administration policy.

Medicines were being stored securely in the clinic rooms on each unit. Medicine trolleys were kept locked and stored in the clinical rooms when not in use. The drugs fridge in each clinical room was clean and tidy and temperatures were recorded daily.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs which was checked by two nurses at the change of each shift. The inspector checked a sample of medication balances and found them to be correct however controlled drug medications for one resident which were no longer required had not been returned to the pharmacy in line with the centre's own policies.

Nursing staff had completed medication management training and had an annual assessment of their competency. Medication errors were recorded and where improvements were required this information was communicated to the relevant staff. Monthly medication audits were completed by the clinical nurse manager. Audit records showed good compliance with the centre's medication policies and procedures and included clear improvement action plans when required.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector found that each resident had an assessment of their needs and a written care plan and that each resident's care was reviewed on a regular basis or if there was a change in their health or wellbeing.

Residents and their families who spoke with the inspector were generally very positive about the care and services provided in the designated centre, They told the inspector that care needs were met and that they were kept informed about care plans and any changes that occurred.

Records showed that each resident was assessed prior to admission to ensure that the centre would be able to meet their ongoing needs. On admission the new resident had

a comprehensive assessment of their needs by the multidisciplinary team and a care plan was developed and agreed with the team and their family.

Care plans included relevant risk assessments for example pressure sore risk, nutritional risk and risk of falling. A moving and handling risk assessment was completed by the in house physiotherapist for each resident and a clear care plan agreed with the resident. Care plans and risk assessments identified resident's self-care abilities and preferences for care. Care plans were clearly written and reflected the individual resident's current needs. this was an improvement from the previous inspection.

The resident's records included the daily progress notes which recorded when care staff delivered specific care interventions such as repositioning or helping a resident with food or drinks. The flow charts were checked by the nurse in charge of each shift and helped to ensure that any anomalies such as low fluid intake were identified and acted upon. Weekly and monthly base line observations and weight were recorded for each resident in line with their levels of risk or in response to changes in their health or wellbeing.

Records showed that resident's care plans were reviewed four monthly or more often if their health changed. Residents and their families were involved in the care plan reviews if they wished to do so.

Residents had access to the centre's medical officer and general practitioner (GP) services. GPs visited the centre regularly throughout the week and arrangements were in place for residents to access GP services out of hours if an urgent medical review was required.

A range of allied health care professionals and specialist teams attended the centre including dietician, physiotherapist, palliative care services and mental health services for older persons. Appropriate referrals were made by nursing and medical staff and records showed that residents were seen promptly for their initial assessments and reviews. The inspector noted that access to speech and language therapy (SALT) was limited and had not been available for two residents with identified communication needs. Where treatments were recommended for individual residents they were implemented by nursing and care staff for example mobility aids and specialist seating or modified diets.

Residents also had access to an in-house nurse therapist who provided alternative therapies such as aromatherapy and relaxation techniques. The inspector observed that these treatments had achieved good outcomes for one resident who displayed high levels of agitation and responsive behaviours.

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):

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

Findings:

The design and layout of the centre met the needs of the residents. The centre was generally well maintained, adequately heated and visibly clean throughout. The actions relating to hand rails in bathrooms and the temperature of the showers had been addressed since the last inspection. The inspector found that improvements were required in the storage of equipment such as specialist chairs and wheelchairs and the arrangements in place to remove this type of equipment when it was no longer required by residents.

The designated centre is a purpose built single storey building which provides accommodation for 50 residents. The centre is divided into two units each providing 25 beds in a mixture of single and twin bedrooms. The centre also accommodates a day care unit, a physiotherapy unit and other community based services.

The designated centre is located on the outskirts of the town and in walking distance of local shops and amenities. It is accessible by public transport routes. There is a large car park with disabled access at the front of the building.

The inspector found that bedrooms were of a good size and provided adequate personal space for residents. Residents were encouraged to bring in photographs, small items of furniture and other artifacts from home. Residents had sufficient storage for their belongings in a personal wardrobe, chest of drawers and bedside locker. Comfortable chairs were available in residents' rooms if they wished to have one. Residents could access the nurse call bell in their rooms if they needed assistance. Each resident had access to a lockable storage space in their room should they wish to store items securely. Several bedrooms were very personalized and the residents in these rooms took a real pride in their personal space.

Twin bedrooms had privacy curtains around each bed. The inspector found that a number of curtains were not in place and as a result the residents' privacy could not be guaranteed at all times. This was addressed by the person in charge (PIC) at the time of the inspection. Window blinds in some bedrooms were faulty and did not ensure residents' comfort and privacy in those rooms. This had been reported to the maintenance department. The inspector saw the order for replacement blinds which were due to be fitted within the next two weeks. These findings are actioned under Outcome 16.

The inspector found that there were sufficient communal toilet and bathrooms in the

centre. The centre had a good range of equipment to support residents with showering and bathing needs. This included parker baths and comfortable shower trolleys. There was a range of hoists available in the centre including overhead hoists in some bedrooms. Residents who spoke with the inspectors said that they enjoyed their baths and showers and that staff were respectful of their privacy when assisting them with personal hygiene needs.

Although the centre did have a number of dedicated storage areas the inspector noted that improvements were required as equipment was stored in resident areas such as bathrooms and along corridors.

Communal areas were well used by residents on the day of the inspection. Each unit had a lounge area and smaller quiet seating areas for those residents who preferred a quiet space or wanted to meet with their visitors in private. The lounge on Rush unit had been subdivided to provide a lounge area with comfortable seating and domestic style furnishings and a bright spacious activity area with seating and tables for group and one to one activities.

There was a large dining room which was well equipped with specialist tables to support those residents who needed assistance at meal times. There was also a small dining area for residents who needed a quiet meal time experience and assistance with their meals.

The designated centre had an oratory, a hairdressing room and a relaxation room. The relaxation room was equipped as a snoozelem therapy to support residents who might benefit from a quiet environment with low levels of stimulation. The room was used by residents under the supervision of the nurse therapist who worked three days in the centre each week.

Residents had access to three secure garden areas including two courtyards and a large rear garden. Garden areas were wheelchair accessible and provided a safe outdoor environment for residents.

Judgment:

Substantially 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 found that there was a person centred approach to residents that respected their privacy and dignity and promoted their independence and autonomy.

Residents were consulted with in relation to their care and services in the centre. Residents and families who spoke with the inspector reported that they were involved in their care planning and were consulted about any changes that were needed in their care. Residents were encouraged to participate in the organisation of the centre and there was clear evidence of changes made in response to resident feedback through resident's meetings, complaints and the annual resident survey.

Residents were seen to be making choices about their day to day life at the centre. For example when to get up, where to take their meals, meal choices, where to spend their time and which activities to take part in during the day. The inspector observed that where residents declined care and support that this was respected by staff.

Staff who spoke with the inspector knew the residents well and were familiar with their needs and the most appropriate way to engage with individual residents when providing care and support. Staff were seen to observe that resident's privacy was respected when giving care and support however improvements were required in ensuring that privacy curtains and window blinds were used at all times when giving personal care. The inspector observed that staff demonstrated empathy and respect in their dealings with individual residents. This was confirmed in the questionnaires that were returned to the inspector during the inspection.

There was a planned activities programme which offered a range of recreational activities and entertainments for residents. The programme was organized by the activities coordinators who worked in the centre Monday to Friday. Weekend activities and an entertainment programme had been introduced as a result of feedback from residents that weekends and bank holidays were too quiet for them. On the days of the inspection residents were enjoying an exercise to music session, cards and board games and a sing along. Staff were observed sitting and chatting with residents about local events and items from the newspapers.

Residents had access to televisions, radios and newspapers. There were books available in large and normal print and these were changed regularly. Staff were familiar with who like to read and who preferred their daily newspapers. Some residents purchased their own newspapers and these were delivered daily to the resident.

The centre had an open visiting policy with some restrictions around meal times. Visitors were seen to be made welcome in the centre. Quiet seating areas were available if a resident wanted to meet with their visitors in private.

Residents had access to an independent advocate in the centre. The advocate chaired the residents meetings and met with individual residents at their request.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were appropriate numbers of staff with the right skills to meet the assessed needs of the residents taking into account the size and layout of the designated centre.

There was a planned and actual staff roster in place. Rosters showed that there was a qualified nurse on duty at all times and the numbers of staff rostered took into account the statement of purpose and the size and layout of the building. Residents and families who spoke with the inspector confirmed that there were sufficient numbers of staff on duty and that they did not have to wait for long periods for staff to attend to their needs.

There was an on call rota for senior staff and this was clearly recorded and communicated to staff on the units. Nursing and care staff confirmed that senior nursing staff were available during the day and out of hours if they were needed.

There were sufficient housekeeping and catering staff on duty to meet the needs of the residents and to ensure that resident's preferred routines could be accommodated. For example at lunch time catering and activities staff worked with nursing and care staff to ensure that residents could take their meals in the dining room or in their room and that meals were served promptly and were kept hot.

Training records showed that all staff had access to the designated centre's training programme. All staff had completed the mandatory training in fire safety, elder abuse and safeguarding and moving and handling. Staff had an annual appraisal and were encouraged to identify their own learning needs and personal development plans.

There were clear selection and recruitment procedures in place. New starters completed a six week induction programme under the supervision of a senior member of staff. Staff received regular feedback on their performance and under performance was managed

through the centre's disciplinary processes.

Staff that spoke with the inspector were clear that their learning needs were being met and that they received adequate support and supervision in their work.

The inspector reviewed a sample of staff files and found that all of the documents listed in schedule 2 of the Health Act 2007 were held in respect of each member of staff. All staff working in the centre had Garda vetting in place. Nursing staff had evidence of professional registration and all nurses working in the centre were registered with the Nursing and Midwifery Board of Ireland.

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Lusk Community Unit
Centre ID:	OSV-0000505
Date of inspection:	30/01/2018
Date of response:	08/03/2018

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 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The recording of psychotropic medications needed to improve to ensure that staff recorded the interventions that they had used prior to administering the medication and that this was monitored and reviewed monthly in line with the processes in place for physical restraints

1. Action Required:

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

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

Please state the actions you have taken or are planning to take:

A chemical restraint form is now in place in each unit which includes the requirement to record alternatives tried before administering drug and the effectiveness of the drug. All PRN psychotropic drug administered have to be documented in this form by the administering nurse and will be audited monthly by the clinical nurse specialist.

Proposed Timescale: 27/02/2018

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The external exit path from the fire exit beside the laundry was cluttered with gardening equipment which could impede emergency exit should it be required

2. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:

Area was partially cleared following inspection. Part time Gardener will clear correctly and maintain in a clear state from 12/03/2018.

Proposed Timescale: 12/03/2018

Outcome 09: Medication Management

Theme:

Safe care and support

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

Some medications were signed by the nurse before they were administered which did not meet best practice guidance and was not in compliance with the centre's medication administration policy.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist

regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

The nurse in question has been reminded of both the local medication management policy and the 2007 NMBI Medication management guidelines. An audit of her practise will also be carried out in March 2018.

Proposed Timescale: 30/03/2018

Theme:

Safe care and support

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

Controlled drug medications for one resident which were no longer required had not been returned to the pharmacy in line with the centre's own policies

4. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:

Said medication has been returned to the pharmacy on 31/1/2018. A memo has been issued to staff reminding them of the correct practise in line with the local policy. The duty of checking the MDA cupboard for drugs no longer required has been added to the night staff duties of checking the drug trolley weekly. The night staff checks and clean the trolley every Sunday.

Proposed Timescale: 31/01/2018

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Although the centre did have a number of dedicated storage areas the inspector noted that improvements were required as equipment was stored in resident areas such as bathrooms and along corridors.

5. 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:

Management are currently in the process of seeking approval for the recruitment of an additional Occupational Therapist. Pending approval the responsibility for recycling/reuse/decommission of adapted equipment and chairs will fall under the remit of this post holder.

If the request for additional resources is unsuccessful, we are currently exploring the option of accessing services from Primary Care OT staff to review all equipment for further use/decommission. This process will be undertaken at a minimum once per year.

A business plan has been issued to head office for the recruitment of an Occupational Therapist in December 2017. It is hoped, if successful the issue of recycling/reuse/decommission of adapted equipment and chairs will fall under the remit of an OT.

If the business case is unsuccessful, I will request access to an OT from the primary care sector/agency to review all equipment for further use/decommission. This process will occur at least yearly.

All nursing equipment will be reviewed under the same process during regular yearly servicing.

Proposed Timescale: 29/06/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The inspector found that a number of curtains were not in place and as a result the residents privacy could not be guaranteed at all times. This was addressed by the person in charge (PIC) at the time of the inspection.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

The curtains were addressed on the day in question. Laundry staff will be requested to check the curtains monthly to ensure that the correct curtains are in place. A Monthly checklist has been drawn up to audit these checks.

All staff have been reminded that if the correct curtains are not in place, management

should be informed and rectified immediately.

Proposed Timescale: 27/02/2018

Theme:

Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Window blinds in some bedrooms were faulty and did not ensure residents comfort and privacy in those rooms. This had been reported to the maintenance department. The inspector saw the order for replacement blinds which were due to be fitted within the next two weeks

7. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:

All Blinds were reviewed on 16/02/2018 and it is anticipated that they will be completed on 09/03/2018

Proposed Timescale: 12/03/2018