



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Merlin Park Community Nursing Unit 6
Name of provider:	Health Service Executive
Address of centre:	Merlin Park, Galway
Type of inspection:	Announced
Date of inspection:	08 May 2024
Centre ID:	OSV-0000635
Fieldwork ID:	MON-0033768

About the designated centre

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

Merlin Park Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located within the grounds of Merlin Park Hospital. The centre is made up of one single storey building referred to as Unit 6. The centre can accommodate up to 26 residents. It is located to the east of the city of Galway with easy access to local amenities. The service provides 24-hour nursing care to both male and female residents. Long-term care, short term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 12 single bedrooms and four multi-occupancy rooms. Multi-occupancy bedrooms accommodate three to four residents and have shower and toilet facilities en suite. There are a variety of communal day spaces provided including a day room, a dining rooms and a conservatory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Wednesday 8 May 2024	10:00hrs to 18:10hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Feedback from residents was that they were happy with life in the centre and that staff provided them with the help and support they needed. Staff were observed to deliver care and support which was kind and respectful, and in line with the residents assessed needs.

Merlin Park Community Nursing Unit 6 is situated in the grounds of Merlin Park Hospital in Galway city. The centre is a single-storey purpose-built facility which provides accommodation for 26 residents. This announced inspection took place over one day. There were 23 residents in the centre and three vacancies on the day of the inspection.

The inspector was met by the person in charge on arrival to the centre. Following an introductory meeting, the person in charge accompanied the inspector on a tour of the centre which gave an opportunity to meet residents and staff. Residents were observed in the various bedroom and communal areas, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. A number of residents were receiving assistance with their personal care needs. Staff were observed assisting the residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre and friendly, familiar chats could be heard between residents and staff.

All areas of the centre were appropriately styled and furnished to create a comfortable environment for residents. Residents had access to bright communal spaces including a day room, a conservatory and a dining room. There was also a quiet room available, providing residents with space to enjoy quiet time or to meet with friends and family members in private. Bedroom accommodation for residents comprised of single and multioccupancy rooms. Residents' bedrooms were suitably styled and furnished and provided residents with sufficient space to live comfortably. There was adequate space for residents to store personal items. Many residents had personalised their rooms with items of significance, including ornaments and photographs. A number of residents told the inspector that they were happy with their bedrooms. One resident said that they loved their room and another resident spent time talking with the inspector about the various photographs in their room.

There was safe, unrestricted access to an outdoor area for residents to use which contained suitable seating areas and seasonal plants. Residents were observed spending time outside enjoying the good weather throughout the day.

The premises was laid out to meet the needs of residents. The centre was bright, warm and well ventilated throughout. Corridors were equipped with appropriate handrails to assist residents to mobilise safely. There was a sufficient number of

toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well maintained.

As the day progressed, the inspector spent time observing staff and resident interaction. The inspector observed that personal care was attended to a very good standard. There was a pleasant atmosphere throughout the centre and friendly, and familiar chats could be heard between residents, staff and visitors. Residents were observed in the communal areas, watching TV, chatting to one another and staff, participating in activities or simply relaxing. Communal areas were appropriately supervised throughout the day. Those residents who chose to spend time relaxing in the comfort of their bedrooms were supported to do so by staff who checked in with them regularly. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. While staff were seen to be busy assisting residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. Visitors were observed coming and going throughout the day.

The inspector chatted with a number of residents about life in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. When asked what it was like to live in the centre, one resident said 'life is grand here', another resident said 'everything is good here'. Another resident told the inspector 'I love it , I'm very happy, it's like a second home'. Residents said that they felt safe in the centre, and that they could freely raise any concerns with staff. Residents who were unable to speak with the inspector, were observed to be content and comfortable in their surroundings.

Residents stated that they had plenty to do every day and that they had a choice how they spent their day. There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities. The inspector observed one-to-one and group activities taking place during the day. The inspector observed that staff ensured that all residents were facilitated to be actively involved in activities. Residents also had access to television, radio, newspapers and books.

The centre provided residents with access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes and those residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the food in the centre.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how

these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found good compliance across all regulations reviewed.

The Health Service Executive (HSE) is the registered provider of Merlin Park Community Nursing Unit 6. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. The quality and safety of the service provided was of a good standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre.

There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge facilitated this inspection and they demonstrated a good understanding of their role and responsibility. The person in charge was supported in this role by a clinical nurse manager and a full complement of staff including nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by a director of nursing. Both the person in charge and the director of nursing were a visible presence in the centre and were well known to the residents and staff.

The provider had systems in place to monitor and review the quality of the service provided for the residents. There was a schedule of clinical and environmental audits in place which reviewed areas of the service such as care planning, restraint practice, falls management, medication management, infection prevention and control, and records management. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services in 2023 had been completed. There was a quality improvement plan in place for 2024.

On the day of the inspection, staffing levels were appropriate for the size and layout of the centre and to meet the assessed needs of residents. The team providing direct care to residents consisted of at least two registered nurses on duty at all times supported by a team of health care staff. Staff had the required skills, competencies and experience to fulfil their roles. Teamwork was evident on the day. The person in charge and clinical nurse manager provided supervision and support to all the staff.

There were good communication systems in place in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of relevant topics were

discussed such as clinical issues, infection control, training, policies, risk and other relevant management issues.

There were policies and procedures available to guide and support staff in the safe delivery of care. However, the policy and procedure in place for responding to complaints was not updated in line with regulatory requirements.

There were contracts for the provision of services in place for residents which detailed the terms on which they resided in the centre.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults, and infection prevention and control training.

There was an effective system of risk management in the centre. There was a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

All relevant adverse incidents were notified to the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector found that not all of the policies and procedures, required by Schedule 5 of the regulations, were reviewed and updated, in line with regulatory requirements. The policy and procedure in relation to complaints management was not reviewed and updated in line with Regulation 34: Complaints. For example, the policy did not include the correct timelines for investigating and concluding a complaint, or for the review process.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents were satisfied with the care and support they received. Residents reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. It was evident that the team of staff knew residents very well and were familiar with their individual needs and preferences. Staff were respectful and courteous with residents.

Care delivered to the residents was of a very good standard, and staff were knowledgeable about residents' care needs. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspector reviewed a sample of seven residents' files. Care plans reflected the individual assessed needs of residents and how those needs were met to ensure person-centred safe quality care with positive outcomes for residents. Care plans were updated every four months, or as changes occurred, to reflect residents' changing needs. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs. Residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed need. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider had a system in place for residents who required a pension agent. Appropriate arrangements, in line with best practice, were in place.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. There was a schedule of recreational activities in place and there were sufficient staff available to support residents in their recreation of choice. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose. Residents attended regular meetings and contributed to the organisation of the service. Resident satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

The centre was visibly clean on inspection. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke were knowledgeable about what to do in the event of a fire.

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The use of restrictive practises was regularly reviewed to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Merlin Park Community Nursing Unit 6 OSV-0000635

Inspection ID: MON-0033768

Date of inspection: 08/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The provider has reviewed and updated the complaints policy in line with regulatory requirements. This was completed on 20-5-24 and is now in place and operational in the centre</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	20/05/2024