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:	Tymon North Community Unit
Name of provider:	Health Service Executive
Address of centre:	Tymon North Road, Tallaght, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	25 June 2024
Centre ID:	OSV-0007793
Fieldwork ID:	MON-0039793

About the designated centre

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

Tymon North Community Unit opened in March 2020. The centre can accommodate 48 residents, primarily for male and female dependent older persons, over the age of 18 years. The following categories of care are provided: Long-term residential and respite specific care needs catered, general nursing care, active elderly, frail elderly, dementia/Alzheimer's, physical disability, intellectual disability, psychiatry of old age, and general palliative care. There are three floors in Tymon North Community Unit, the ground floor accommodates the day care and other rooms, 1st Floor has two units namely Clover and Primrose and the second floor has two units named as Cherry blossom and Bluebell. and is located centrally with local services in reach, e.g. frequent bus routes, community centre, Tymon Park, local library shops and a pub is nearby. Tymon North Community Unit provides a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well being of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

How we inspect

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
Tuesday 25 June 2024	09:00hrs to 17:00hrs	Lisa Walsh	Lead
Tuesday 25 June 2024	09:00hrs to 17:00hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Tymon North Community Unit. Residents said that they felt safe and had no concerns. If they had a problem, they would feel comfortable and confident about raising this. Residents told inspectors that the staff were very kind, with one resident commenting they were "all great". The inspectors observed warm, patient, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management prioritised providing high-quality person-centred care.

Following an opening meeting, the assistant director of nursing accompanied inspectors on a tour of the centre in the absence of the person in charge. During the tour, the person in charge arrived at the centre and accompanied inspectors. Inspectors viewed the rooms on the ground and first floors of the centre, where changes of function were proposed.

The centre is set out over two floors, the ground and first floors, of a three-storey building. Access between the ground and first floors is via stairs or a passenger lift. The second floor of the premises is not part of the designated centre. Resident bedrooms and living areas were located on the first floor. There were 40 single bedrooms and four shared twin bedrooms. All bedrooms had en-suite facilities containing a toilet, wash-hand basin and shower. The first floor is divided into three units, Clover, Snowdrop and Primrose Units. Snowdrop and Primrose Units are staffed and managed as one unit and have an equal amount of bedrooms to Clover Unit.

Internally, the centre was pleasantly decorated, and there was a relaxed and unhurried atmosphere. The centre was observed to be clean and tidy throughout, with significant improvements in environmental hygiene and storage practices since the last inspection.

The centre's ground floor had a reflection room decorated as a non-denominational space for residents, a beauty parlour, an occupational therapy room, a physiotherapy room, a treatment room, a day centre, storage rooms, administration offices, a kitchen and a laundry area. On the inspection day, the quiet and snoezelan (sensory) rooms were on the ground floor. An application to relocate both of these rooms to the first floor and swap a visitor's room and a multidisciplinary room on the first floor to the ground floor has been received and was under review. New equipment had been also sourced for the snoezelan (sensory) room.

Residents also had access to several outdoor courtyard and balcony areas. These outdoor areas were very well maintained, with raised flower beds, comfortable seating and decorative features. Residents smoked in two of these outdoor areas. Both areas contained protective equipment for residents who chose to smoke, including a call bell, fire blanket, and suitable ashtrays. Residents and visitors who

spoke with the inspector said they greatly enjoyed the outdoor areas and spoke favourably of the recent "family day" festivities on the weekend before the inspection, featuring food and music in the gardens.

The first floor had three communal day rooms, one in each unit, and two dining rooms. Residents sat together in the Clover and Primrose day rooms, while residents who wanted a quieter space used the Snowdrop day room. The centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. Residents could freely access all areas of the first floor, and many residents were observed taking a stroll throughout the first floor during the inspection day.

The centre was registered to have 3.25 whole-time equivalent activity staff covering seven days of the week. Inspectors were informed that agency staff were covering two permanent activity staff vacancies. The centre had one permanent activity staff and one agency activity staff on duty to provide residents with activation on the inspection day. An activity schedule displayed in the centre indicated that varied activities such as sensory sounds and smells, proverbs, quizzes, memory games, and bingo were due to occur throughout the morning and afternoon of the inspection day. This displayed schedule was at variance with what inspectors saw in the morning and early afternoon. Inspectors observed residents in the Primrose Unit day room watching television in the morning while residents in the Clover Unit day room watched television and coloured pictures. In the early afternoon, residents in both the Primrose and Clover Unit day rooms were listening to music on the television. In the late afternoon, 15 residents in the Clover Unit day room played bingo, and it was clear that those in attendance enjoyed this group activity. Residents spoken with were complimentary of the activities occurring in the centre and talked about their enjoyment of playing bingo, doing artwork or attending mass. Other residents informed the inspectors they were happy to engage in crosswords, drawing or reading the newspaper in the comfort and privacy of their bedrooms.

Residents could choose where they wished to eat their meals, with most residents choosing to eat lunch in one of the two spacious dining rooms. Menus were available for residents to select their meals. Residents had three main course options available for lunch and alternatives not on the menu if they made a special request. Residents spoken with said they were satisfied with the food available. Meals were prepared freshly onsite and appeared nutritious and appetising. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner. Positive interaction between staff and residents was noted at mealtimes and throughout the day. There were ample drinks available for residents at mealtimes and throughout the day.

Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors spoken with said they were happy with the care provided and complementary of the staff in the centre. One family member told the inspectors that the staff "would bend over backwards to help" the residents and families.

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

Capacity and capability

Overall, this was a well-governed centre with good systems to monitor the quality of care provided to residents. Inspectors were assured that the residents were supported and facilitated to have a good quality of life living at the centre, and substantial improvements in regulatory compliance were observed. While established management systems were in place, some actions were required to ensure all areas of the service met the requirements of the regulations.

This was an unannounced risk inspection conducted by two inspectors of social services over one day to assess compliance with the regulations and review the registered provider's compliance plan from the previous inspection. The inspection also informed the provider's application to vary condition 1 of the centre's registration. A completed application to change the purpose of several rooms on the ground and first floors to make areas allocated for the use of residents more accessible had been received by the Office of the Chief Inspector before the inspection, and this application was under review.

The registered provider for Tymon North Community Unit is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the general manager for older person services, representing the provider for regulatory matters. The person in charge worked full time over four days a week and was supported in their management of the centre by two assistant directors of nursing (ADON), one of whom was absent on inspection day. The person in charge and ADON demonstrated a commitment to providing a good quality service for the residents. They were supported by a team of clinical nurse managers on each unit, staff nurses, healthcare assistants, activities coordinators, administration, catering, household and portering staff.

There was documentary evidence of communication between the general manager and the person in charge. Similarly, within the centre, there was evidence of communication between the person in charge, the nursing team, other ward-level staff and administration personnel. Multiple committees were in place to monitor the quality and safety of care delivered to residents, including an operations committee, a quality and patient safety committee, nursing management meetings and an audit committee. These committees examined key areas such as staff records, audit results, activities, health and safety, infection, prevention and control, medication management, clinical documentation, incidents, and compliance and regulatory compliance.

The provider had an audit schedule examining key areas, including falls, medication management, infection prevention and control and the environment. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The provider oversaw incidents within the centre and had systems for recording, monitoring, and managing related risks. The provider also monitored key performance indicators relating to quality metrics such as wounds, antibiotic usage, falls, and restraint usage.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

The inspectors reviewed past and future rosters and found the staffing and skill mix were appropriate to meet the needs of the centre's residents and aligned with its model of care. There were sufficient staff on duty to meet the needs of residents living in the centre on the inspection day. Staff were supervised by the CNM1 and CNM2 allocated to each unit. There were two activity staff absences, which were being filled by agency staff. Additional staffing for residents who required one-to-one supervision was also in place and covered by agency staff. Of the sample of rosters reviewed, agency staff was used daily to cover absences and additional care needs. Arrangements were made to orient agency staff to ensure residents' safety.

Staff had access to appropriate training and development to support them in their respective roles. Staff were also appropriately supervised and supported in their respective roles.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 of the centre’s registration was received by the Chief Inspector. The application was complete and contained all of the required information. The proposed variation involved swapping the functions of six rooms as follows:

- the ground occupational therapy and physiotherapy rooms
- the ground floor sensory room and first-floor multidisciplinary room
- the ground floor quiet room and the first floor visitor room.

This proposed changes would allow for the sensory room and quiet room to be accessible to residents on the first floor where bedroom accommodation is located and provided an addition 8 metres squared of communal space for resident use.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse, with the required level of experience nursing older persons. They have previous management experience and post-registration management qualifications.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. At night, there were four registered nurses in the centre. There were a number of staff absences in the centre; however, these were covered by agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a comprehensive training programme supporting staff in their roles. Mandatory training on safeguarding vulnerable adults and infection control was fully compliant. Five staff required refresher training in fire safety, but the person in charge was aware of this, and there was evidence that this training had been scheduled to occur in the weeks following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. A clearly defined management structure identified the lines of authority and accountability. Robust management systems effectively monitored the quality and safety of the centre. The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents reflected in the review.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life that was respectful of their wishes and preferences. Residents' rights and choices were respected, and residents were actively involved in the organisation of the service. However, some improvements were required in relation to assessment and care plans, and residents' rights.

A sample of care plans and assessments for residents were reviewed. Since the last inspection in November 2023, a new and improved care plan policy and system was introduced, which was person-centred and clearly detailed the care to be provided. All care plans had been reviewed and updated in line with the new care plan policy. A plan was also in place to review the new system to ensure it was meetings the needs of the residents. Notwithstanding the improved system, some gaps were identified in care plans, this is detailed under Regulation 5: Individual assessment and care plan.

Substantial efforts had been made to ensure residents had access to allied healthcare professionals since the last inspection. Dietitian, occupational therapy and speech and language therapy services were now available and accessible to residents in the centre. All residents who required assessments and interventions for occupational therapy and dietitian services had been completed and this was reflected in residents care plans. All residents who required assessments for speech and language therapy had been referred to the service, with some still awaiting review. Access to specialised services such as a geriatrician and palliative care were available through a referral system. Residents also had access to services such as chiropody and tissue viability nursing. Inspectors were told that residents were facilitated access to the national screening programme services as required.

Inspectors viewed documentation related to the use of restricted practices in the centre. An up-to-date policy was in place and guided staff on best practices. Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) had care plans that were individualised and person-centred. Behaviour observation charts, such as Antecedent, Behaviour, and Consequence charts, were in place and used to inform future management and support for the resident. Some staff had received appropriate training to respond to and manage responsive behaviour, with additional training dates scheduled.

In general, residents' choices and preferences were seen to be respected. Inspectors saw that staff engaged with residents in a respectful and dignified way. Residents had access to newspapers, radio, television and internet services. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents' meetings were held regularly, and there was a good level of attendance by residents. While a varied activity schedule

was displayed, inspectors observed a discrepancy between activities scheduled to take place and what was observed occurring. Throughout the morning and early afternoon, there was an overreliance on passive activities such as having music on the television. Inspectors observed lengthy periods of time where some residents were observed sitting in communal areas without other meaningful activation.

There were arrangements for residents to receive visitors in public and private areas comfortably. Inspectors observed a friendly and welcoming atmosphere towards visitors. Residents spoke of enjoying visits from loved ones. Visitors spoken with by inspectors were complimentary of staff, management, and the care delivered.

Concerning fire precautions, the centre has undertaken significant improvements since the last inspection in November 2023 to improve fire safety. Records reviewed showed that preventive maintenance of fire detection, emergency lighting, and fire fighting equipment was conducted at recommended intervals. Staff had undertaken fire safety and fire evacuation training. Fire evacuation maps and the centre's evacuation procedure were displayed in all compartments throughout the centre. Each resident had a personal emergency evacuation plan to guide staff in the event of an emergency requiring evacuation. There was a system for daily and weekly checking of means of escape, fire safety equipment, fire doors and lint removal. All doors to bedrooms and compartment doors had automated closing devices. A sample of fire doors was checked on the day of inspection and found to be in good working order. All escape routes and assembly points were accessible and free from obstructions. The centre had a small number of residents who chose to smoke. The designated smoking areas in use had the necessary protective equipment, including a call bell, fire blanket, fire extinguisher and fire retardant ashtray.

Regulation 11: Visits

Inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had made arrangements for a suitable private visiting area for residents to receive a visitor if required.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises were appropriate to the number and needs of residents in the centre. The premises conformed to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to hospital were discussed, planned and agreed with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 27: Infection control

Overall, there was effective management and monitoring of infection prevention and control practices within the centre. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. The centre was very clean, and the storage was well-organised. The centre used a tagging system to identify equipment that had been cleaned. Staff were observed to have good hand hygiene practices. Hand sanitisers and personal protective equipment were readily available and used appropriately by staff. The centre had access to infection prevention control specialist nursing expertise.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety and had taken adequate precautions against the risk of fire throughout the centre. Sufficient arrangements were in place to detect, contain, and extinguish fires. Fire safety equipment was being serviced at required intervals. Staff received annual fire safety awareness training, and the centre's evacuation procedures and maps were clearly displayed to guide staff in the event of a fire emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the improvements noted since the last inspection, some further action was required in relation to care plans to ensure the needs of each resident were detailed in an appropriate care plan. For example:

- A risk assessment had been completed for a resident who smoked, however, there was no care plan in place to set out the supports the resident required, as per the centre's own policy.
- A resident who had been assessed for the use of a comfort chair required repositioning at regular intervals, however, this was not detailed in their care plan. In addition, staff were not recording when the resident was repositioned in line with the recommendations.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that substantial efforts had been made since the last inspection to ensure residents were given appropriate support to meet any identified health care needs by timely access to medical, health and social care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviour (how residents living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff. Where restraint was used it was done so in accordance with the national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The provision of activities observed, on the day of inspection, did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. While bingo took place in the late afternoon in one lounge

area, the majority of residents sat in both lounge rooms with television as the only source of stimulation outside of this time.
Judgment: Substantially 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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tymon North Community Unit OSV-0007793

Inspection ID: MON-0039793

Date of inspection: 25/06/2024

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 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Care Plan completed for the one resident who smoked who on the day of the inspection was identified required a plan setting the specfic supports they required, as per the centre's own policy - complete. • Care Plan updated for the one resident identified on the day of inspection who had been assessed for the use of a comfort chair requiring repositioning at regular intervals, which was not detailed in their care plan. Recording chart inserted in this resident's file to support staff recording when this resident was repositioned in line with the assesssment recommendations – completion date 27/07/24 Centre continues to progress on quality improvement process on existng care planning with the development of action plans based on any identified deficit – Ongoing	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • Audit of centre activities programme of activities based on interests and capacities to be actioned. This resulted in an action plan to increase individual and group interaction experiences – Completion date 31st Oct 2024 • Strengthen goverance and oversight of activity output through engagement from the CHO wide CNU Activity Staff Peer Support Group to promote shared learning on innovative individual and group activities for residents across all public units in this catchment area -Ongoing	

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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	27/07/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/10/2024