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:	Clonskeagh Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Clonskeagh Road, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	02 October 2024
Centre ID:	OSV-0000491
Fieldwork ID:	MON-0040526

About the designated centre

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

Clonskeagh CNU is located in South Dublin and is run by the Health Service Executive. It was purpose built and provides 81 long-term care and 9 spaces for respite care. There is also a 16 person day care service run on the same premises. The staff team includes nurses and healthcare assistants at all times, and access to a range of allied professionals such as physiotherapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83

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
Wednesday 2 October 2024	09:50hrs to 17:20hrs	Aoife Byrne	Lead
Wednesday 2 October 2024	09:00hrs to 17:20hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Inspectors found that residents received a good standard of care from staff and management team who knew them well, however, the premises continued to require improvement and other areas such as care planning and healthcare required further action to ensure compliance with the regulations. From what inspectors observed and from what residents told them, residents were happy with the care and support they received. The centre had a relaxed and friendly atmosphere. It was apparent residents enjoyed a good quality of life in the centre. Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. In conversations with inspectors, residents were content about their lived experience in the centre, with comments such as "The people working here are wonderful" "it is spotlessly clean" and "I have no complaints".

The designated centre is located in Clonskeagh, Dublin 6. The centre is registered for 90 residents with seven vacancies on the day of the inspection. The centre was set out over three levels, split into four units which contained residents' bedrooms, referred to as Chestnut, Sycamore, Maple and Whitebeam. Each floor was accessible by stairs and a lift. Residents' bedrooms were either single or twin occupancy, all with en-suite facilities. Residents were able to personalise their own rooms and many contained items personal to that individual. For example, inspectors saw residents' brought some furniture from home, others had plenty of plant pots and some had balloons to mark a recent birthday celebration. Residents spoken with reported to be happy with their rooms, including the cleanliness of them and were appreciative of the support they received from household staff. Residents had a life story outside their bedroom identifying their likes and dislikes. This was part of the butterfly project the centre took part in to ensure residents received meaningful care.

Overall, the premises was found to be clean, warm and bright. Corridors were well-decorated to create an interesting environment for residents. For example, corridor walls in the units displayed resident information and pictures of staff to ensure residents and family members would know who to approach. Corridors in the Willow unit, had been decorated with familiar landscapes of Dublin. While there was many positive aspects of the environment, the works to the multi-occupancy bedrooms to ensure all residents had sufficient personal space and storage, identified in the last inspection of November 2023 remained outstanding. In addition, the ventilation required review as some parts of the building were particularly warm. One resident told the inspectors that they found it so hot that they removed the valve off their radiator to ensure it was not turned on, inspectors also noted another valve was missing on an additional radiator.

Residents had access to a number of communal day spaces, including some shared day and dining rooms on each respective unit. There were additional communal spaces available for residents outside of their individual units, these were located in

the Willow unit on the ground floor. This area located the physiotherapy room, an oratory, the red rose cafe and an open area which had ample areas for activities and seating. Inspectors also observed the newly refurbished designated smoking area within the centre and found there was sufficient safety measures in place, with a call bell, metal bin and smoking apron.

Residents could attend the combined day and dining rooms in their units or have their meals in their bedroom if they preferred. Menus were presented on the dining tables. On the day of the inspection, residents were provided with a choice of meals which consisted of lamb or a meatball dish, while dessert was hot apple pie with custard. Inspectors observed the dining experience at lunch time in two units and saw that the meals provided were well-presented and looked nutritious. Staff were observed sitting beside residents assisting them with their lunch in an unrushed manner. Feedback from residents was positive. They reported to enjoy the meals with comments such as "I enjoyed my lunch", "the food is great" and "delicious".

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

Capacity and capability

Overall, the findings of this inspection was this was a well-governed centre. The inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. However some areas for improvement were required in the effective and consistent oversight of the premises.

The Health Services Executive (HSE) is the registered provider of Clonskeagh Community Nursing Unit. The general manager for Community Healthcare Organisation 6 (CHO6) is the person delegated by the provider with responsibility for senior management oversight of the service. The person in charge was supported in their role by a unit manager, two assistant directors of nursing, clinical nurse managers, an advanced nurse practitioner, staff nurses, health care assistants, activity staff, and household staff. The designated centre was also supported by clerical officers, porters, medical officers and allied health professionals.

There were good management systems occurring such as clinical governance meetings, staff meetings and residents meeting. It was clear these meetings ensured effective communication across the service. The quality and safety of care was being monitored through a schedule of monthly audits including audits on call bells, care plans and restraints.

An annual review of the quality and safety of care delivered to residents had been completed for 2023. The report included photographs of a variety of monthly activities enjoyed by the residents. Although the report declared it was in

consultation with residents, the opinions and feedback on the running of the centre from the residents was not included. There was no quality improvement plan for the centre for 2024.

There was a complaints procedure which was on display within the centre. Residents' complaints were listened to, investigated and complainants were informed of the outcome and given the right to appeal. Complaints were recorded in line with HSE requirements. Advocacy service contact details were displayed throughout the centre for support with complaints.

All the requested documents were available for review and found to be over all compliant with legislative requirements.

Regulation 19: Directory of residents

An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulation, including the name and contact details for the resident's next of kin and the date of the resident's admission.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a well defined, overarching management structure in place.

There was an annual review in place and it was made available to residents. However, there was no quality improvement plan or evidence residents were involved in its development.

Further managerial oversight is required to ensure the multi-occupancy bedrooms are reconfigured and to ensure the premises is a safe and comfortable living environment for all residents and to ensure compliance under regulation 17.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place that reflected the requirements of the regulations. This was displayed in the main reception and in each unit. The complaints log identified the issue, outcome and level of satisfaction recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available and updated within the last three years as per regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents' rights were upheld and staff supported residents to receive a good standard of care in the centre. There was good opportunities for residents to participate in and enjoy social engagement. Improvements were required in relation to care planning, healthcare, personal possessions, the premises and information for residents.

Care plans were paper-based. Inspectors reviewed a sample of care records, assessments and care plans on the day of the inspection. Pre-assessments were seen to be completed prior to a new admission to ensure that the designated centre could care for the individual needs. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls, pressure ulceration and malnutrition. Records reviewed were updated as a resident's condition changed and at intervals not exceeding four months. However, improvements were required to ensure all individualised preferences were recorded. This is discussed under Regulation 5: Individual Assessment and care plan.

Residents had access to medical care with support from a general practitioner (GP) who attended the centre on a daily basis from Monday to Friday. There was evidence from a review of residents' records that residents were reviewed by health and social care professionals such as physiotherapy, speech and language therapy, an advanced nurse practitioner and chiropody as required. Inspectors found that overall residents were receiving a good standard of care. However, inspectors found that on some occasions residents were not receiving health care in line with their assessed needs. This is discussed further under Regulation 6: Healthcare.

Inspectors saw that 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) had appropriate

assessments and care plans in place. Relevant training was also provided on areas such as support pathways and delivering person-centred care for people with non-cognitive symptoms of dementia. These training courses provided staff with the appropriate skills and knowledge for their role and how to manage responsive behaviours.

The centre had a restraints register in place to record the use of restrictive practices in the centre. There was a multi-disciplinary team and where relevant, the resident was involved in the decisions to implement any restrictive practices. There was ongoing efforts to ensure that alternatives were trialled and documented for residents who had restraints such as bed rails or bracelet alarms in place. There was also evidence of safety checks being completed when bed rails were in use at night-time.

The centre had established links with the GP and palliative care teams to ensure all comfort measures are in place for residents requiring end-of-life care. Where resuscitation status was known, this was documented in the residents care plan and on handover documentation reviewed.

While some areas of the centre were well presented and laid out to meet the needs of the residents, the registered provider had not ensured that the premises adhered to all matters within Schedule 6 of the regulations. Many of these areas were previously identified at the inspection of the centre in November 2023 and inspectors found there was ineffective action to address all of required findings, such as poor storage, ventilation and sufficient personal space remained a finding during this inspection. However it was evident through emails that management had prioritised the issues that required attention but the works had no specific start date at the time of the inspection.This is further discussed under Regulation 17: Premises.

Inspectors observed a transparent system in place for managing residents finances. Residents have access to their finances on a 24 hour basis. Linen and clothes were laundered regularly and returned to the right resident. Residents were supported to maintain control over their clothing and personal possessions with a lockable cupboard for personal possessions. However, the insufficient storage space of smaller built-in wardrobes within the privacy screens in the multi-occupancy rooms had not been addressed. Therefore the residents of these rooms did not have the adequate space to store and maintain their clothing.

Information relating to the designated centre was available through a resident's guide which was seen to be regularly updated, and had been since the last inspection, to ensure it met all of the regulatory requirements. However, this guide required review to ensure it accurately detailed the services and facilities available to residents in Clonskeagh Community Nursing Unit.

Regulation 12: Personal possessions

As outlined earlier in this report, the built-in storage space for the residents of the multi-occupancy bedrooms was insufficient as the wardrobes were small. This finding was raised in the inspection of November 2023, while it is acknowledged the registered provider was progressing with new wardrobes seen in one bedroom, there was no timeframe for when all of the works would be completed.

Judgment: Substantially compliant

Regulation 13: End of life

Inspectors reviewed a number of residents' care notes, such as end-of-life care assessments and care plans. It was evident that the staff involved the residents and, with their consent, family members and or significant others in the planning and decision-making about their end-of-life care. Individuals' expressed wishes were clearly documented which outlined their physical, emotional, social and spiritual preferences.

Judgment: Compliant

Regulation 17: Premises

The following areas required action to ensure that the premises promoted a safe and comfortable living environment for all residents. For example:

While the overall premises met the needs of the residents, some areas were not kept in a good state of repair, for example:

- Two assisted bathrooms did not have toilet roll holders in place which could lead to poor infection control management
- Paintwork was seen to be chipped on some walls, door frames and at one nurses' station.
- Wear and tear to door frames and handrails throughout the corridors and bedrooms on all units.

Some communal areas were not being used as intended, for example;

- Hoists were stored in assisted bathrooms.
- An extra unused bed was found in a twin room.
- An Ensuite off the Sitting room on Whitebeam was being used as a storage room for equipment.

The 11 multi-occupancy bedrooms identified as requiring review to ensure residents were provided with sufficient personal space and storage remained outstanding. It is

acknowledged that one of these rooms was in the process of reconfiguration during the inspection, however there was no timeframe for completion outlined.

There was inadequate storage facilities seen for residents' belongings and equipment. Personal items belonging to two residents were seen stored in an unlocked room which was allocated to catering staff. In addition, hoists and hoist slings were seen stored in assisted bathrooms. There was a failure to appropriately segregate storage areas for example; a linen store on the Sycamore unit contained large water bottles, personal protective equipment and trolleys.

Ventilation required review in some areas of the designated centre. Inspectors noted that some areas of the building was very warm on the day of the inspection. This was particularly of note in one sluice room and in communal spaces. Residents and staff spoken with confirmed that at times the premises was uncomfortably warm.

While there was a sluice facility in place on each of the four residential units, two of these were unsecure as the doors to the sluice rooms were unlocked.

Judgment: Not compliant

Regulation 20: Information for residents

While there was a centre-specific residents' guide available, there were discrepancies seen on the information provided to residents living in the centre under the theme of services and facilities. For example:

- It referred to respite residents being accommodated in triple rooms which was no longer accurate, as these rooms were now twin-occupancy.
- It referred to the centre being a no-smoking campus which was not accurate as there were facilities to support residents who smoked.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors followed up on the compliance plan from the last inspection in relation to Regulation 28: Fire Precautions and found that there was no longer furniture blocking escape routes in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' assessments and care plans and found that overall they were person-centred. However, in three care plans reviewed it did not document the residents' individual preferences for personal care as outlined in their assessment. In addition, one care plan on restraints documented restraints that were no longer in place for the resident. This created a risk that staff would not have the correct information necessary from care plans to provide accurate care for residents.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that action was needed to ensure all residents received appropriate healthcare. For example:

- Two residents were not weighed weekly in line with their risk of malnutrition assessment using MUST (Malnutrition Universal Screening Tool). Weights for both residents were occurring monthly. This created a risk that residents would not be monitored and referred to a dietician promptly.
- A resident was seen to be using a sling on the day of the inspection which was not in line with their assessed needs according to their manual handling assessment. It is acknowledged that when this was raised with management, a referral was sent for the resident to be re-assessed by the physiotherapist on the day of the inspection.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were clear records where restrictive practices, such as bed rails, were in use. Restrictive practices were monitored by management on a monthly basis. Inspectors acknowledged that restrictive practices used in the centre were reducing in number with 31 bed rails in use in 2023, while on the day of the inspection there was 17 in place.

Observations on the day of the inspection was that staff supported residents who became agitated or who displayed responsive behaviours in a person-centred manner. Staff were seen to implement de-escalation strategies as outlined in the residents' behavioural support care plans.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Clonskeagh Community Nursing Unit OSV-0000491

Inspection ID: MON-0040526

Date of inspection: 02/10/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Annual review : Annual Review to further incorporate detailed report of resident consultation. Annual Reports had KPIs mentioned seperately in HIQA annual report template, however future Annual reports to incorporate KPI's in a single report. 2. In regards to the multi occupancy rooms (x8) that are to be reconfigured. A mock up room (x1) was completed during the tender process. The tender process has been completed and contracts signed with sucessful contractor on the 30th October 2024. Following a HSE and contractor meeting, these works are due to start on the 6th January 2025, there is currently a lead time of six weeks on materials. The contractor has been engaged to try and commence works sooner, however due to competing priorities and Christmas holidays is unable to do so. The remining seven rooms are now scheduled to be completed by the 28th February 2025.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: As per actions outlined under Regulation 17 (above) the reconfiguration plans for all 8 Double Rooms within the Centre will incorporate plans to enhance personal storage space for all perspective Residents of said rooms.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. Assisted bathrooms: Toilet Roll Holders in place.
2. Paintwork: Application for paintwork and remedial actions has been made under minor capital on the 7th December 2023 and approved on the 10th September 2024. The service will initially identify the most urgent rooms for painting to complete by end of Q2 2025. Following this each unit will be completed on a rolling basis for all remaining bedrooms.
3. Extra storage removed and stored in the storage containers.
4. Additional items removed from the linen room of Sycamore Floor.
5. Room Temperatures monitored through HSE Estates maintenance department.
In addition to this room temperatures are being monitored and any irregularities escalated to the maintenance department as appropriate. Feedback is provided to maintenance should any adjustments be required. In addition to this a building sensor to monitor heat is being installed on the 7th December 2024. This is important as the HSE Climate Action and Sustainability Office have installed solar films on south and east facing windows, to deflect and reduce unwanted solar gains. This team has also installed 170kWp solar panel array on roof consisting of 170 panels, to increase our renewable clean electricity generation on site.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
Resident's information booklets have been updated.

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:
Resident care plans have been reviewed and updated to reflect individual preferences for personal care and current care plans are reflective of such discussions/engagements. Management are in the process of moving to Epicare digital nursing documentation system from paper-based system. Equipment required has been ordered and training is

due to commence in December 2024, with completed implementation by end of Q1 2025.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: 1. Any unplanned weight loss will be monitored in line with their risk of malnutrition assessment. This was communicated to the nursing teams, ANP and GPs to ensure compliance. 2. Nursing teams will ensure that slings are used as per manual handling assessments as agreed by MDT.	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	28/02/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	28/02/2025
Regulation 20(2)(a)	A guide prepared under paragraph (a) shall include a	Substantially Compliant	Yellow	31/10/2024

	summary of the services and facilities in that designated centre.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/12/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/11/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in	Substantially Compliant	Yellow	30/11/2024

	accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			