

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Merlin Park Community Nursing Unit
<b>Centre ID:</b>	OSV-0000635
<b>Centre address:</b>	Merlin Park, Galway.
<b>Telephone number:</b>	091 775 566 / 091 775 568
<b>Email address:</b>	unit5mph@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Catherine Cunningham
<b>Lead inspector:</b>	Ann-Marie O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	47
<b>Number of vacancies on the date of inspection:</b>	5

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
19 March 2015 10:50	19 March 2015 19:15
20 March 2015 09:50	20 March 2015 15:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of a registration inspection of Merlin Park Community Nursing Unit. The centre comprises of two residential units and also provides respite services. In 2014 the centre began a transfer to PCCC (Primary, Community and Continuing Care), this transfer would see the centre move from acute clinical care nursing practices to a community based gerontological model of care for long stay residents. The inspector found evidence on this inspection that the transfer model of care had begun and had positive outcomes for residents where it had been implemented.

As part of the inspection, the inspector met with residents, relatives, and staff

members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate prior to inspection.

Overall, the inspector was satisfied that residents received a good service. There was evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was evident from the sample of care plans reviewed. The dining experience was pleasant, and residents were treated with respect and dignity by staff as observed during the course of the inspection. Procedures for the management of fire were in place and staff had received training and participated in fire drills however, they had not occurred with enough frequency over the previous year and documented checks of fire equipment and escape routes were not up to date.

Although improvements were noted to the premises, additional work was required to ensure it met the requirements of the Regulations. The centre had a total of 10 four bedded multi-occupancy bedrooms. These rooms were designated male or female. Though the care residents received was of a good standard, their experience of quality long-term residential care was impacted on due to the layout of the premises. Residents living in multi-occupancy bedrooms in the centre did not have adequate storage space for their personal items.

This and other findings are discussed further in the report with an Action Plan at the end of this report and the person in charge and provider's response to actions given.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in the Designated Centres for Older People) Regulations 2013.

It consisted of a statement of the aims, objectives and the ethos of the designated centre. It had recently been updated in November 2014.

However, it did not contain matters in relation to day care facilities and emergency admissions.

**Judgment:**

Substantially Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The system in place to review and monitor the quality and safety of care and the quality of life of residents required review. Although some audits had been carried out they

were not carried out with enough frequency to give an accurate, contemporary account of care practices in the centre. They focused on medication management, complaints and nutrition. More key quality indicators needed to be included in the auditing system. There was not enough evidence to indicate improvements were brought about as a result of the learning from the auditing reviews.

There was a clearly defined management structure that identified the lines of authority and accountability. At the time of inspection management systems were in place to ensure that the service provided was safe, appropriate to residents' needs consistently and effectively.

The person in charge was supported in the governance of the centre by two persons participating in management, the CNM 1, who managed service provision predominantly in Unit 6, and also the Director of Nursing for PCCC (Primary, Community and Continuing Care Galway Region) who was also the person in charge for another large older person designated centre in the Galway region. She attended the centre regularly and was well known to residents. In the absence of the person in charge the CNM 1 managed the overall centre.

Shortly after the inspection the inspector was informed by the Director of Nursing for PCCC, that the person in charge would be on extended leave. There was a plan to instate a new person in charge for the centre this is further discussed under Outcome 6.

**Judgment:**

Substantially Compliant

***Outcome 03: Information for residents***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Each resident had a written contract agreed on admission. Contracts reviewed dealt with the care and welfare of each resident in the centre. The contract set out the services to be provided and fees being charged to the resident.

However, the provider had not prepared and made available to residents a guide in respect of the designated centre.

**Judgment:**

Non Compliant - Moderate

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a full-time nurse in charge of the designated centre who had a minimum of three years experience in the area of nursing of the older person within the previous 6 years.

The person in charge was not present during this inspection. She had been present for the previous inspection of the centre and had demonstrated sufficient knowledge of her clinical and statutory responsibilities as required by the legislation. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis prior to the inspection.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Records reviewed were maintained in a complete manner in the centre. Records were kept secure and were, in the main, easily retrievable. The clerical officer for the centre facilitated the inspector in retrieving documents during the course of the inspection. The sample of records reviewed indicated records were maintained well and were up to date.

Records relating to complaints, records of visitors, duty rosters and fire safety training were maintained in the centre. Policies and procedures had recently been reviewed to reflect practice and ensure the changing needs of residents' needs were met.

There was a policy in place which guided practice in relation to maintenance of records which were found to be in place in practice. For example, the clerical officer had been delegated responsibility for the storage and retaining of records in the centre. She demonstrated knowledge of the policy and procedures in relation to storage of records.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge  
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any absence of the person in charge for a period of 28 days or more.

The person in charge was absent from the centre at the time of inspection. There were suitable arrangements in the short term to manage the centre.

Following the inspection the inspector was informed that the person in charge would be on extended leave and arrangements were to be made to fill her post in her absence. Shortly after the inspection a new person in charge was instated in the post. The inspector conducted a fit person interview with them and found them to have the knowledge and experience commensurate to her role.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**



Safe care and support

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

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

**Findings:**

There were measures in place to safeguard residents and protect them from abuse.

There was a policy and procedures in place for the prevention, detection and response to abuse. Staff training in the detection and response to abuse of the vulnerable adult was not up to date. This is further discussed in Outcome 18. Although training was not up to date, staff spoken with knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

Systems in place to manage residents' finances and provide protection to residents had improved since the previous monitoring inspection April 2014. The provider had responded to the action by appointing a clerical officer May 2014 who was delegated the responsibility of management of residents' monies as part of her role. The inspector spoke with the clerical officer and she outlined the policy and procedures that were in place. The inspector was satisfied that the systems in place were more robust than on the previous inspection.

There was a policy on, and procedures in place for managing behaviour that is challenging. Staff spoken with demonstrated appropriate skills to respond to behaviour that is challenging, this was due mostly in part to the staffs' in-depth knowledge of the residents and their likes and dislikes. This provided residents with a service that met their emotional needs and therefore diffused anxiety and frustrations that would lead to behaviours that challenge. The CNM 1 demonstrated appropriate skills in the management of behaviours that challenge presented by residents with dementia during the course of the inspection.

A restraint free environment was promoted in the centre. There was a policy on, and procedures in place, for the use of restraint. Through the provision of seating assessments for residents and suitable seating provided, no lap belts (mechanical restraint) were in use in the centre. Equally, the provider had also resourced the centre with new low-low beds which were used by residents assessed at risk of falls. This had reduced the number of residents using bed rails within the centre giving evidence that a restraint free environment was promoted.

Feedback questionnaires completed by residents and their families documented residents felt safe in the centre and their family members were happy with the care they received and found it equally to be safe. Residents spoken with said they felt safe.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The provider and person in charge had put measures in place to promote and protect the safety of residents, staff and visitors to the centre but improvements were required.

Specific issues, identified on the previous inspection, relating to uneven flooring presenting as a trip hazard had been satisfactorily addressed. However, other issues relating to fire safety management were still unsatisfactory.

Previously an action had been given by the inspector in relation to loose tiles in the corridor of one of the residential units. Since then the provider had put in a plan of action to address the issue and had done so to a good standard. A new section of flooring had been put in place and a leak, which was causing the tiles to come loose, had been fixed. The identified trip hazard had been resolved.

The centre had policies and procedures relating to health and safety. There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. There was a risk register of identified hazards in the centre with control measures documented. This had been updated regularly and as a risk arose.

There were satisfactory procedures consistent with the standards published by the Authority in relation to the prevention and control of health care associated infections. For example, colour coded mops for different surfaces were used. Mop head were sent to the central laundry in the main hospital and a clean mop head was used each day.

Staff were observed to engage in hand washing and use of alcohol gels, which were located throughout the unit. The sluice room was maintained in a clean state and a wash hand sink was located in the room. There was a good supply of gloves and aprons to ensure staff could implement universal precautions when engaging in personal care with residents, for example.

Missing person profiles were reviewed in a sample of care plans. They were up to date and had colour photographs and good descriptions of the residents. Doors to both residential units were secured using a key coded system. The CNM 1 told the inspector that from time to time residents using the service on a respite basis may present with

confusion and could be at a high risk of absconding. Extra measures were put in place during this time such as signage on exit and entry doors to highlight to visitors the risk.

At the time of inspection a resident presented with confusion and was observed, by the inspector, to check the exit doors from time to time. There were some safety measures in place, such as the exit doors secured, but there were no documented observation checks of the location of the resident to ensure their risk of absconding from the premises was reduced. Enhanced control measures for residents at risk of absconding, were required.

There was evidence to show staff had been trained in moving and handling and there was a good supply of hoists and equipment necessary to implement safe manual handling procedures.

There was an adequate means of escape within both residential units of the designated centre. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of a fire. The fire alarm in both residential units had been recently replaced and a new system had been fitted. Staff had received training in fire safety and engaged in fire drills on the 9, 11 and 18 March 2015 by a fire safety consultant. Staff spoken with demonstrated a good understanding of fire evacuation procedures.

However, fire drills had not been carried out at six monthly intervals previous to recent fire training. Fire records were maintained but the frequency of fire drills, tests and fire fighting equipment were not up to date. Exit doors to the premises were often locked with a key for added security reasons. A fire compliant unit, which contained a spare key that could be used in the event of an emergency, was not located near these doors.

Emergency evacuation systems required review as not all staff carried a key for exit doors and there was a risk that those doors could not be easily opened in the event of a fire.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector was satisfied that medication management practices were safe. The

medication management policy had recently been reviewed and provided guidance to staff across the range of medication practices.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Support and advice were available from the supplying pharmacy. In addition, staff told the inspector that plans were in place for the supplying pharmacy to attend the centre and speak to residents or relatives regarding their prescriptions. The pharmacist conducted audits of medication every 27 days. Storage of medications in the centre was in a more person centred style, with residents' medications stored in individual container units in the drug trolley clearly labelled.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. Drug administration charts had been recently reviewed and updated. They provided a colour photograph of the resident and the resident's details.

Medications requiring refrigeration were stored correctly in the centre and daily checks of the fridge temperature were documented to ensure they were stored correctly.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

While there was a log of all accidents and incidents in the centre, quarterly reports had not been notified to the Authority within the specified time frame.

Quarterly reports for the centre had not been submitted since June 2014.

**Judgment:**

Non Compliant – Moderate

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are***

***drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The person in charge had arranged a comprehensive assessment by appropriate health care professionals of the health care needs of residents.

From the sample of care plans reviewed, residents had a personalised care plan prepared within 48 hours of their admission or thereafter as the need was identified, which detailed their assessed needs and choices. The registered provider had arranged to meet the needs of each resident in accordance to their assessed needs and as set out in their care plans.

Residents had access to allied health professionals who could deliver health care services to meet their different care needs such as chiropody, ophthalmology, tissue viability (wound care specialist), occupational therapy, palliative care and later-life psychiatry. The inspector noted improvements in access to equipment that would cater to residents' health care needs. The inspector had found on the previous inspection, residents did not have adequate access to dietetic and speech and language (SALT) services after admission from acute services. An action had been given in relation to this. The action had been adequately addressed by the provider and residents were now receiving a comprehensive dietetic and SALT service. Evidence of staff training, assessment and reviews of residents' nutritional needs were up to date and person specific.

Residents had also been assessed by occupational therapists and prescribed appropriate seating. This was important for residents' comfort needs, to ensure appropriate support and posture and assist in the prevention of health care associated issues related to inappropriate seating. For example, pressure ulcers or respiratory associated infections caused by aspiration. (Inhalation of fluid/foods due to poor swallow or position of the head).

Residents were seen regularly by the general practitioner (GP) and visits by the GP were arranged to meet the needs of each resident in accordance with their assessed needs. Care plans were reviewed on an ongoing basis and at a minimum of every four months. A range of evidence based health care risk assessments were carried out for each resident. These were in the areas of risk of falls, developing of pressure ulcers, nutritional risk, dependency scores and oral health care assessments. From these assessments care plans were developed in relation to risks identified. From the sample of care plans reviewed they were found to be up to date and person centred care was documented.

An action given on the previous inspection in relation to frequency of carrying out nutritional risk assessments, with accuracy, and the monitoring of residents' weights and BMI had been satisfactorily addressed also.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre were not fully in line with the statement of purpose which was to provide long-term care to residents. The premises did not meet the privacy and dignity needs of all residents due to the number of multi-occupancy rooms within the centre's two residential units.

The internal premises decor had improved in recent times. The inspector had issued an action on the previous inspection in relation to the dining area of Unit 6. On the previous inspection it was found to resemble a clinical/hospital setting rather than that of a long term residential centre. The action had been appropriately addressed. The provider had initiated a redesign of the dining room. This provided residents with a more homely, attractive space which entirely enhanced residents' dining experience.

However, the external premises were not maintained to the same standard. The inspector noted the exterior of the building required updated painting and attention to the garden/patio space used by residents to the back of the building was necessary also.

There was a functioning call bell system in both residential units. Handrails were provided in circulation areas. Grab rails were provided in bath/shower and toilet areas. There was a separate kitchen area with equipment necessary to heat food and stores. Residents' meals were cooked in the main hospital kitchen and transferred to the centre. There were appliances in the kitchens of each residential unit, whereby staff could make residents a snack or heat up food.

Residents in single and multi-occupancy rooms had a bed, a bedside locker, small wardrobe, a chair and specialised/assistive equipment or furniture they may require.

Single and multi-occupancy rooms were large, bright and spacious with sufficient space for the appropriate use of adaptive equipment and hoists when specific bed area is screened off. There were ensuite facilities in each multi-occupancy room in the centre. There were a total of 10 multi-occupancy rooms in the centre, each with four residents per room. They had been designated as male and female rooms at time of inspection. Multi-occupancy rooms had adequate screening. The provider had added small blinds to the windows in the doors of all bedrooms to enhance residents' privacy.

Shared multi-occupancy rooms did not provide residents with sufficient space for residents to retain personal possessions or sufficient space for residents to store their clothes. This is further discussed in Outcome 17.

While the provider had made strives to enhance the living environment for residents in recent times, the inspector was not satisfied that facilities, design and layout of the centre met the objectives as set out in the statement of purpose, that was to provide suitable long term care for residents.

**Judgment:**

Non Compliant - Major

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

There were policies and procedures for the management of complaints. The complaints process was user-friendly and displayed in a prominent place on a wall at the entrance to each residential unit. There was an appeals process that was fair and objective.

Residents were supported to make a complaint. A record was made of all complaints, investigations, responses and outcomes. There were processes in place to implement learning from complaints also. The person in charge had conducted a monthly audit of complaints in the centre over the previous year. This was one way to assess the quality of the service provided in the centre.

The inspector reviewed a sample of complaints received and documented. They were found to be adequately addressed by the person in charge and the resident was found to have been made aware of the outcome in a prompt fashion.

In the complaints policy it outlined a nominated person to deal with complaints and also a nominated person separate to the person nominated in article 34(1)(c) who holds a

monitoring role to ensure complaints were appropriately responded to and records kept.

**Judgment:**

Compliant

**Outcome 14: End of Life Care**

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

There were facilities for residents and their families to have privacy and dignity during their end-of life in both units of the centre. Both units had a designated single occupancy end-of-life care room. A thematic inspection on end-of-life care and food and nutrition had been carried out by the inspector September 2014.

Care practices had been found to be good and feedback from relatives and friends of residents that had received end-of-life care in the centre was also positive. A minor non-compliance had been found on the previous inspection. This was in relation to the non provision of some home comforts such as comfortable chairs with blankets and pillows should resident's family/visitors wish to stay for extended periods of time or overnight in one of the end-of-life rooms.

The provider had addressed this action adequately and the inspector found both rooms were appropriately furnished. The end-of-life care policy had also been updated to provide staff with more comprehensive procedures relating to supporting residents and their families' emotional, social and psychological needs so as to guide staff adequately in how to carry out sensitive interactions in response to grief.

**Judgment:**

Compliant

**Outcome 15: Food and Nutrition**

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support



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

No actions were required from the previous inspection.

**Findings:**

As previously mentioned in the report, a thematic inspection had occurred in September 2014 which looked at Outcome 15, food and nutrition. This outcome was found to be in compliance on the previous inspection. The inspector reviewed practices again on this inspection and found the same practices were in place with some enhancement of residents dining experience and surroundings introduced. Nutrition monitoring had also improved and access to dietetic services. Nutritional supplements were now given between meals so as not to interfere with residents' appetite for meals served.

The inspector observed a mealtime and noted the food served smelt appetising, was served warm and in a respectful, courteous way. Residents were afforded dignified, discreet assistance. The inspector was satisfied improvements in the quality of residents' mealtime experience and nutritional assessment and care had occurred since the previous thematic inspection.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were facilitated to exercise their civil, political and religious rights. Residents were assisted to attend local polling stations through the help of volunteers or their family. Residents had access to Televisions, radios, newspapers and magazines. The person in charge had posted information about an advocacy service which residents could avail of. At the time of inspection, the advocacy service had not visited the centre.

The inspector observed pleasant, respectful interactions between staff and residents during the course of the inspection. This ranged from student nurses on placement, house hold, laundry, maintenance, catering, nursing and management. Care received by residents was given in a dignified manner and questionnaires completed by residents and their relatives/friends and submitted to the Inspector prior to the inspection confirmed this was their experience.

Residents were facilitated to exercise personal autonomy and choice but this needed some review. There was no resident committee and though feedback from residents was sought, in the form of a tick box questionnaire system with prepared questions about the service they received, there was no space on the questionnaire for residents to make suggestions, for example. Feedback sought required review to ensure it provided the person in charge and provider with more meaningful information about the residents' experience of living in the centre.

There were some opportunities for residents to participate in meaningful social care. There had been a recent appointment of an activities co-ordinator for the centre. She was allocated 0.5 of a full time post to each unit. At the time of inspection the activities co-ordinator worked with some residents to engage them in potting plants and was assisted by a student nurse on placement in the centre.

While this was evidence that social care activities had improved somewhat, more improvements were needed. The feedback in residents' and family questionnaires, relating to social care and activities, documented residents were bored and would like to have opportunities for meaningful engagement. Activity suggestions made, particularly in relation to younger residents, were access to the internet, exercise programmes and excursions from the centre.

There were arrangements in place for residents to receive visitors in private. A small day room was located in each residential unit. The provider could not ensure residents that lived in multi-occupancy rooms could undertake personal activities in private.

**Judgment:**

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions  
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on resident's personal property and possessions. A record was kept of each resident's personal property on admission to the centre. The record was updated every three months by a designated staff member to ensure residents personal property was adequately safeguarded and ensured they retained control over them.

Residents' clothes were laundered in the centre and there was a system was in place to

ensure clothes were returned to them. The laundry attendant outlined to the inspector how she labelled residents' clothing in a discrete way to ensure they were returned after they were laundered.

The inspector observed the practices in place in the centre for the management of residents' clothing and found they required some review. Though systems were in place, the system was mainly reliant on the knowledge and attention the laundry assistant took with caring for residents' clothing. There was a risk that residents' clothing would not always be returned to them from the laundry should the laundry assistant go on extended leave, for example. Resident laundry management procedures required review and standardising.

Some residents that lived in multi-occupancy rooms could not store all their personal items/clothing in the storage space in the rooms. Their clothes were stored in labelled clear refuse sacks in the linen room. Depending on the season or weather, those residents' clothes were changed over. For example, lighter clothing was taken out of the refuse sacks during summer time and placed in residents' wardrobes for that season. Residents living in multi-occupancy rooms in the centre could not adequately retain control over their clothing and personal possessions.

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

A planned and actual rota was maintained in the centre. From review of staffing levels in the previous weeks and during the course of the inspection, the inspector was satisfied there were adequate numbers of staff to meet the needs of residents. Staffing shortages were being filled by student nurses on clinical placements and also through the use of regular agency nurses.

The provider had established a service level agreement with the agency they used to recruit nurses. This agreement ensured nurses, employed by the centre, had received

appropriate training and vetting to meet the standards required to meet the needs of residents in the centre.

Staff had access to mandatory training and supplemental training to ensure their skills met the needs of residents. For example, some staff nurses working in the centre had completed courses in Gerontology. However, the inspector noted that a significant number of staff working in the centre had not received training in detection, prevention and response to vulnerable adult abuse. Though staff spoken with demonstrated adequate knowledge of abuse prevention and response they had not received training in the policies and procedures in place for the centre. A number of staff were due to participate in the training in the coming months, however, the inspector was not satisfied that this would ensure all staff were trained within an appropriate time frame and this required review.

From a sample of staff files reviewed they were found to contain the matters as set out in Schedule 2. One file did not have adequate documentation of vetting and required review.

**Judgment:**

Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Merlin Park Community Nursing Unit
<b>Centre ID:</b>	OSV-0000635
<b>Date of inspection:</b>	19/03/2015
<b>Date of response:</b>	14/05/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The statement of purpose did not contain all the matters as set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of purpose has been updated and contains all the matters as outlined in Schedule 1 of the health Act 2007.

**Proposed Timescale:** 31/05/2015

**Outcome 02: Governance and Management**

**Theme:**

Governance, Leadership and Management

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

The annual review of the quality and safety of care delivered to residents required review to ensure that such care was in accordance with relevant standards set by the Authority.

**Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Quality care indicators audit in place completed weekly audited monthly. Unit Auditing schedule being drafted to be completed by 30th June.

**Proposed Timescale:** 30/07/2015

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

The registered provider had not prepared and made available to residents a guide in respect of the designated centre.

**Action Required:**

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

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

Residents guide is now available to all residents.

**Proposed Timescale:** 31/05/2015

## Outcome 08: Health and Safety and Risk Management

**Theme:**

Safe care and support

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

Improvements were required to the risk management policy to control the unexplained absence of any resident.

**Action Required:**

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

Risk Assessment completed for unexplained absence of resident and policy to be finalised by 30/06/2015

**Proposed Timescale:** 30/06/2015

**Theme:**

Safe care and support

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

Fire drills had not been implemented with enough frequency during the period of time prior to recent fire safety management training in March 2015.

**Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

A new HSE fire register in place May 2015 and fire drills to take place twice a year. Fire training annually. Two members of staff will be trained as fire wardens in June 2015.

**Proposed Timescale:** 30/06/2015

**Theme:**

Safe care and support

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

Fire records were maintained but the frequency of fire drills, tests and fire fighting equipment were not up to date.

**Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

A new HSE fire register was introduced to the units in May 2015. A fire equipment maintenance programme is now in place

**Proposed Timescale:** 31/05/2015

**Theme:**

Safe care and support

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

The provider needed to ensure adequate means of escape were provided for at exit doors that were locked with a key.

**Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

A Key Box is in place at the exit doors with spare key. A master key system is being put in place for all exit doors.

**Proposed Timescale:** 19/05/2015

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

Quarterly reports had not been submitted to the Chief Inspector since June 2014.

**Action Required:**

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Notifications have been updated and back dated to July 2014 and submitted to the Chief Inspector.

**Proposed Timescale:** 07/05/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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



The design and layout of the centre did not meet the objectives as set out in the statement of purpose, that was to provide suitable long term care for residents.

**Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

A feasibility study has been done for a New build for Merlin park CNU this has been discussed at a capital steering group. A more definitive start/finish date for this programme will emerge from The Capital steering group and we anticipate to have follow up by June 2015.

At the time of publishing this report the Authority had not been furnished with any further information relating to a start/finish date for this new build.

**Proposed Timescale:** 30/06/2015

**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

The feedback in residents' and family questionnaires, relating to social care and activities, documented residents were bored and would like to have opportunities for meaningful engagement.

**Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

An Activities Co-ordinator is now in place in the unit and a large number of the staff have undertaken the SONAS programme. An activities programme with residents and staff is being drawn up for each unit.

**Proposed Timescale:** 30/06/2015

**Theme:**

Person-centred care and support

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

Feedback sought required review to ensure it provided the person in charge and provider with more meaningful information about the residents' experience of living in the centre.

**Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

We are in the process of setting up a resident council in conjunction with the advocacy agency that commenced in the Unit on 23rd June and are hoping to have a residents council set up by 31/07/2015.

**Proposed Timescale:** 31/07/2015

**Theme:**

Person-centred care and support

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

The provider could not ensure residents, that lived in multi-occupancy rooms, could undertake personal activities in private.

**Action Required:**

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

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

Each bed has a curtain in place to ensure privacy and dignity of residents. We are renovating a sitting room for residents and their families as an additional area.

**Proposed Timescale:** 31/07/2015

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

Residents living in multi-occupancy rooms in the centre could not adequately retain control over their clothing and personal possessions.

**Action Required:**

Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

We note the recommendation from HIQA regarding the lack of storage in the four bedded rooms for our residents. I can confirm that the storage in the form of bedside lockers and wardrobes which will be affixed to the wall will be provided and in situ no later than mid August 2015. The wardrobes will be of sufficient size to store the resident's personal belongings including shoes, and will be of a spec with wardrobes already provided in our other Community Nursing Units.

**Proposed Timescale:** 31/08/2015

**Theme:**

Person-centred care and support

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

There was a risk that residents' clothing would not always be returned to them from the laundry should the laundry assistant go on extended leave, for example. Resident laundry management procedures required review and standardising.

**Action Required:**

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

We have reviewed staff roster to reflect this practice and cover for the laundry will be standardised as more staff will be trained in the laundry system to be completed by 30/06/2015.

**Proposed Timescale:** 30/06/2015

**Outcome 18: Suitable Staffing****Theme:**

Workforce

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

A significant number of staff working in the centre had not received training in detection, prevention and response to vulnerable adult abuse. A number of staff were due to participate in the training in the coming months, however, the inspector was not satisfied that this would ensure all staff were trained within an appropriate time frame and this required review.

**Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff to receive training and to be completed by 31/07/2015.

**Proposed Timescale:** 31/07/2015

**Theme:**

Workforce

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

One staff file did not have adequate documentation of vetting and required review.

**Action Required:**

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance

with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

All staff files are being reviewed at present and the required documentation will be in place by end of July 2015

**Proposed Timescale:** 31/07/2015