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## The Meath Community Unit, OSV-0000477, 22 July 2021

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'The Meath Community Unit, OSV-0000477, 22 July 2021', [report], Health Information and Quality Authority, 2021-10-11, Nursing Homes, Designated Centre for Older People
Publisher	Health Information and Quality Authority
Download date	2026-03-13 04:42:42
Link to Item	<a href="https://hdl.handle.net/20.500.14765/107577">https://hdl.handle.net/20.500.14765/107577</a>



**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:	The Meath Community Unit
Name of provider:	Health Service Executive
Address of centre:	1-9 Heytesbury Street, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	22 July 2021
Centre ID:	OSV-0000477
Fieldwork ID:	MON-0033796

## About the designated centre

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

The Meath Community Unit is a 48 bedded Unit which provides residential, convalescence and respite care. There is a Day Care Centre on site which provides services for older people from the area. At present, the service has capacity to provide long term and respite care to 48 people. Rooms are located over three floors, Camden (1st floor), John Glenn (2nd floor) and Maureen Potter (3rd floor). These were named by the residents committee. The day room where some activities are run is located on the ground floor. Access to residential care is following assessment by a Consultant in Medicine for the Elderly and completion of the Common Summary Assessment Report (CSAR). Respite services provide people with short breaks away from home, this service is offered to enable carers to take a holiday or a break to help them to continue caring. It is also provided to people who are living alone and require the support which is offered by occasional respite. Initial arrangements are made through Nursing Staff, Social Workers or General Practitioners, subsequent admissions are co-ordinated through the family and the Public Health Nurses and Nursing Administration in the unit. Respite is normally for a two week period.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 22 July 2021	08:30hrs to 18:05hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, it was clear that residents' rights were respected regarding how residents spent their. The inspector found that residents were happy and the Meath Community Unit was a pleasant place for residents to live.

On arrival to the centre, the inspector was met by the porter who conducted a COVID-19 risk assessment prior to entry. This included the wearing of a face mask, a temperature check, hand hygiene and the completion of a checklist to ensure there was no COVID-19 risk present.

The inspector was then greeted by two members of the centre's management team to complete an introductory meeting. Following this meeting, one of the members of the management team gave the inspector a tour of the premises. During this tour, the inspector greeted residents and was introduced to members of staff. Many residents were seen in communal areas spending time enjoying conversations and singing with staff members.

The designated centre was based across four floors. The ground floor has access to a large communal space and a garden area. The inspector was told that these areas facilitated larger group activities within the centre prior to COVID-19. The ground floor also had a staff canteen and offices.

Bedrooms within the centre were divided into three different units. Each was based on the first (Camden Ward), second (John Glenn Ward), and third (Maureen Potter) floor. Within each unit, residents had access to two communal sitting rooms and a dining room.

The inspector saw dining areas were set up to facilitate social distancing and the staff team limited the number of residents in each communal area for social distancing purposes. The centre displayed the menu options for the day within communal areas which included a choice of main meal at the lunch time meal. Throughout the day, the inspector observed a relaxed and positive dining experience for all meals. Residents were being assisted and supervised discreetly by staff. Residents told the inspector that they were happy with the food provided within the centre.

The bedrooms within the centre were either single or twin occupancy. The centre also had three triple occupancy bedrooms but recently reduced their occupancy to ensure residents were able to socially distance in bedrooms. Bedrooms seen by the inspector were clean, large enough to facilitate resident equipment and decorated with personal possessions such as photos, plants and furniture. All residents had access to a television. Residents who communicated with the inspector said that they were satisfied with their surroundings.

The premises was found to be clean with a homely environment. Corridors were bright and colourful, displaying pictures of residents and staff and also exhibited art work completed by residents and staff. There was also a “welcome wall” that had flags of different countries, recognizing the different nationalities and diversity within the centre.

The inspector was told that some rooms were temporarily changed to store rooms to allow for the increased storage of personal protective equipment PPE and patient equipment per floor. However, these rooms were cluttered with many items stored on floors which prevented effective cleaning, this will be further discussed within this report.

Overall good infection prevention and control measures were seen to be in place. There was COVID-19 guidance advertised in key locations throughout the centre. Staff who spoke with the inspector said that they felt supported by management throughout the COVID-19 pandemic.

The inspector spent time observing how residents spent their day, how they interacted with staff and each other and participation in meaningful activities. The inspector was told that the centre employed three activity staff members but one staff member was redeployed to assist with visiting within the centre. On the day of inspection there was one activity staff member working. The inspector observed one planned art activity taking place with three residents on a unit. The inspector spoke with two residents who said they enjoyed the activities on offer. The inspector was told that there was another planned activity to take place but it had to be cancelled as the activity coordinator was required to assist with care provision.

Conversations between the residents and staff members were observed throughout the inspection. All interactions were seen to be positive and at the pace of the resident. Staff were found to know residents well and residents were enjoying the company of staff. Residents told the inspector that they felt safe and were well cared for by the staff team. The inspector was told that the centre had 80% of residents with dementia or a cognitive impairment and in some cases it was not possible for inspectors to receive direct feedback from residents. However, staff were able to describe their individual needs to the inspector and were seen to be engaging in a way that respected the individual at a pace that suited them. The inspector found that these positive interactions contributed to the calm atmosphere in the centre.

The following section will provide a brief overview of the capacity and capability of the provider to provide and sustain a safe and quality service under each pillar and detail the specific improvements needed under their respective regulations.

## Capacity and capability

This was an unannounced risk inspection which took place over one day. Good

systems and processes were in place to monitor the quality of care provided to residents in the centre. Overall this was a well managed centre, where residents could make choices on how they spent their day.

The Health Service Executive (HSE) is the registered provider for The Meath Community Unit. The centre has an established and clearly defined governance and management structure in place. The person in charge worked full-time in the centre and was supported in their management role by a number of managers, including two directors of nursing, and a number of clinical nurse managers.

The inspector found that the numbers of staff and skill mix on duty was sufficient to meet the assessed needs of the 42 residents in the centre on the day of inspection. However improvements in how unplanned leave was managed within the centre required review. The inspector was told that when short notice leave arose, the management team endeavored to fill vacancies through agency recruitment and re-allocated tasks amongst the team. There were three staff members on unplanned leave on the day of inspection and there was no agency staff available to cover. This meant that on the day of inspection existing staff were reassigned, taking them away from their planned roles.

Staff confirmed that they were well supervised and supported within their roles. The inspector was informed that the centre was due to commence annual appraisals for staff in the coming weeks. Supplementary training was also offered to staff on managing actual and potential aggression, dementia, medicines management and CPR.

This centre is based in the HSE's Community Health Organisation (CHO) 7 area and records showed that there was regular engagement between the management team in the centre and the regional personnel. The centre had committees to monitor various aspects of care including patient quality and safety and falls. Multidisciplinary meetings and management meetings were held regularly. A review of records showed that the centre was analysing and discussing key data during these meetings with areas for improvement identified and action plans developed. However the oversight of restrictive practice within the centre required review as sensor alarms were not identified as restrictive.

COVID-19 Records showed that there were arrangements in place to manage an outbreak within the centre. The designated centre had an outbreak of COVID-19 from 19 March 2020 until 16 June 2020 when public health declared the outbreak over. A total of seven residents and six staff were affected during the outbreak and sadly one resident passed away with COVID-19.

There was a complaints policy in place which met the requirements of the regulations. There was a clear complaints procedure in place and information was prominently displayed at the entrance to each floor in the centre. This information included leaflets on how the provider managed complaints, set out the steps to take and the people to contact. The centre had a number of open complaints that they were reviewing in line with their complaints procedure. The inspector found that when complaints were made they were investigated and dealt with in a timely

manner. However satisfaction levels were not recorded. Residents confirmed that if they had any complaints, they would feel comfortable to highlight these to staff.

There was an annual review for 2020 available and this provided evidence of consultation with residents and their families.

### Regulation 15: Staffing

The number and skill mix of nursing and care staff were appropriate to the assessed care needs of residents. This was confirmed by the staff duty rosters examined.

Staff were organised into three different teams, one team for each floor to allow for segregation in order to prevent the transmission of COVID-19. There was at least one registered nurse on duty at all times of the day and night on each floor.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector reviewed the centres training matrix. Inspectors found that mandatory training in infection prevention and control, fire safety, manual handling and safeguarding of vulnerable adults was available to staff.

The centre also had a training schedule for 2021. The inspector reviewed refresher dates scheduled within the weeks following inspection to ensure mandatory training was fully compliant.

Judgment: Compliant

### Regulation 23: Governance and management

While there was management systems in place to monitor the service, the centre had not identified bed or chair sensor alarms as a restrictive measure. The inspector was told that 55% of residents had a sensor alarm in place.

As this practice was not seen as restrictive by managers, it was not recorded on the centres restraints register. There was no evidence of a consent process, and no monitoring systems in place. As a result the practice was not reviewed and was not reported to the Chief Inspector on a quarterly basis.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centre had a complaints register. The inspector reviewed a sample of closed complaints and found that there was no record kept of complainant satisfaction levels following the outcome of the investigation within six out of seven complaints reviewed.

Judgment: Substantially compliant

### Quality and safety

The inspector found that the quality and safety of care provided to residents was of a good standard, with residents supported and encouraged to have a good quality of life. The maintenance of the premises required improvement which is further discussed under Regulation 17.

The inspector reviewed a sample of resident records including assessments and care plans. Records were person centred and advised staff on how to most effectively support residents with their health, social and personal care requirements.

Residents had good access to medical care services. Residents care was enhanced by good levels of access to a general practitioner (GP) who attended the centre daily Monday to Friday. Access to consultants such as geriatricians and psychiatry of later life was available through referrals.

Residents had access to allied health professionals on site. This included physiotherapy, occupational therapy, dietetics, social work and music therapy. The inspector was told that access to speech and language therapy was by referral. Residents also had access to community services such as dentistry and podiatry. An optician was observed to be on site on the day of inspection. The inspector was assured that where specialist health care services were required, relevant referrals were made within a timely manner for residents.

The centre had community newsletters for residents and family members. Residents were consulted by satisfaction surveys and resident committee meetings. There were also posters displayed throughout the designated centre with contact details of an advocacy service available to residents.

The inspector spent time observing resident and staff interactions and found that staff were patient, kind and respectful of residents and their wishes. The inspector witnessed staff spending individual time with residents, walking in the corridors,

singing together or assisting with care needs.

While the centre had a board which displayed "activities on today", this was not an accurate display of what was planned, which meant residents were not aware of what activity was occurring on the day. It also did not allow residents' to pre plan their day or week regarding recreation activities in which they wished to participate.

Staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene. There was access to hand hygiene sinks and hand gel within the centre.

Overall the building was clean. The inspector reviewed the results of a family satisfaction survey and found that praise was given to the centre relating to the overall cleanliness. Comments included "spotlessly clean" and "the unit is kept so well". While the inspector found that overall the building was clean, the premises was in a state of poor repair. The inspector was told that the provider was aware of the requirement to maintain the premises but there was no schedule to address this in place. Improvements to the premises would enhance effective infection prevention and control measures.

The provider had arrangements in place to support residents to receive their visitors. Visits were taking place within communal areas on the ground floor. The inspector was informed that the centre was in the process of reviewing and risk assessing visiting to enable residents to receive visitors in each unit including in bedrooms.

### Regulation 11: Visits

The centre had a visiting policy and a risk assessment for visiting. There was a schedule of visits seen to take place on the day of inspection. The inspector was told visits occurred from 10am to 6pm seven days a week.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the premises of the designated centre did not confirm to the matters set out in schedule 6 of the regulations. The poor state of repair decreased the homely environment for residents but also impacted on the infection prevention and control within the centre. For example:

- Sinks had no splash back in areas such as the treatment room and an assisted bathroom on the Camden ward.
- There was inappropriate storage of medication trolleys, while the trolleys were locked, they were not fixed to the wall.

- There was wear and tear to paintwork seen on walls in communal areas such as day rooms, staff bathrooms and cleaners rooms could not be effectively cleaned and decontaminated.
- Storage practices required review, there was inappropriate storage of boxes on floors in numerous rooms throughout the centre which prevented effective cleaning. The bath in a assisted bathroom had disused items stored such as a broken guitar, a backpack and dolls clothing.
- Flooring was damaged in day rooms.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a clear risk management policy in place that addressed how risks were to be identified and managed within the designated centre. This policy covered all of the elements required by the regulations.

Judgment: Compliant

### Regulation 27: Infection control

A number of systems had been put in place so the centre could respond to a COVID-19 outbreak, including zoning of staff in to specific floors. There was a plan identifying areas to cohort residents if necessary on each floor. Staff were observed to maintain good IPC practices including hand hygiene and mask wearing throughout the day. Social distancing was encouraged between residents in communal areas such as day rooms and while dining.

The centre were completing infection prevention and control audits. Action plans arising from audits were seen to be implemented.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of assessments and care plans for residents' relating to new admissions, falls, weight loss and wound care. Care plans reviewed showed care plan records offered a true reflection of the care given.

Care plans were seen to be based on a range of validated assessment tools. Care plans had been prepared within 48 hours after the residents' admission to the centre

and were formally reviewed within four months.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied healthcare support to meet their needs. There was good access to GPs and allied health professionals. There was evidence of referral and access to services appropriate to residents needs.

Residents who were eligible, availed of the National Screening Programme.

Judgment: Compliant

### Regulation 8: Protection

All staff had received training in the protection of vulnerable adults. There was a comprehensive policy on responding to allegations of abuse.

Where staff were the subject of an allegation, appropriate steps were taken to resolve concerns and supervise staff members as appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

The atmosphere in the centre was calm and relaxed. Residents confirmed that they were happy living in the centre and that the staff team were kind to them.

The inspector observed staff providing residents with one to one support on the day of the inspection. This was in line with residents assessed needs.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Meath Community Unit OSV-0000477

Inspection ID: MON-0033796

Date of inspection: 22/07/2021

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The issue was addressed by MDT on 17/08/21 and the plan is:</p> <ul style="list-style-type: none"><li>• To monitor movements of resident with bed/chair alarm in place for 3 days.</li><li>• To assign one staff in communal areas throughout the day.</li><li>• To do a trial without alarm for 2 days, if there is no recorded movements.</li><li>• After 5 days MDT will do the risk assessment on each resident.</li><li>• Decision will be made in the next MDT meeting with GP based on the evidences.</li><li>• If the resident is for bed alarms/ chair alarms, a process will be in place for consent taking, continuous monitoring and reviewing.</li><li>• If the resident is not for alarms, remove the alarms and review weekly for 2 weeks, fortnightly twice, then after 6 weeks and 3 monthly thereafter.</li></ul> <p>We are currently in the process of weekly review and consenting and expecting to complete the six weeks review by 22/11/2021.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  
 34(C), the nominated person will be the social worker. She will be responsible for dealing with the complaints, contacting family member and will ask whether they are happy about the outcome. This will be entered in the complaint's log and will ask the family member to sign if they are happy about the outcome.  
 34(3), the nominated person other than the person nominated in paragraph 34(1)(C), will be CNM 2 who can ensure adherence with the regulation.

Complaint policy updated accordingly in consultation with the evidence based guidance obtained from the CNM3 from Cherry Orchard Community Unit. Arising from the nominated person 34(3), review of the closed complaints active engagement is currently occurring with families to obtain confirmation in writing on the relevant form regarding their satisfaction levels with the outcome of investigation procedures applied to address their concerns. Date to be complied with is 22/09/2021.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Removal of disused items stored such as a broken guitar, a backpack and dolls clothing in assisted bathrooms – Completed.

Scheduled of works developed to support the delivery of the following actions by the 31/12/21 to increase the homely environment for residents but also impacted on the infection prevention and control within the centre.

1. Insert splash back behind identified sink areas such as the treatment room and an assisted bathroom on the Camden ward.
2. Lock provision for the medication trolleys to ensure they are fixed to the wall.
3. Paintwork to address the wear and tear to walls in communal areas such as day rooms, staff bathrooms and cleaners rooms to enable effective cleaned and decontaminated.
4. Review storage practices to address inappropriate storage of boxes on floors in rooms throughout the centre which prevented effective cleaning.
5. Repair work to damaged flooring in day rooms.



## 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 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.	Substantially Compliant	Yellow	31/12/2021
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	15/11/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure,	Substantially Compliant	Yellow	22/09/2021

	and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	08/09/2021