## Merlin Park Community Nursing Unit, OSV-0000635, 18 December 2018

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

# Office of the Chief Inspector

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

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| Name of designated centre: | Merlin Park Community Nursing Unit 5&6 |
| Name of provider: | Health Service Executive |
| Address of centre: | Merlin Park,<br>Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 18 December 2018 |
| Centre ID: | OSV-0000635 |
| Fieldwork ID: | MON-0025890 |

## About the designated centre

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

Merlin Park Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located within the grounds of Merlin Park Hospital. The centre is made up of two single storey adjacent buildings referred to as Unit 5 and Unit 6, they can accommodate up to 52 residents. It is located to the East of the City of Galway with easy access to local amenities. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation in Unit 5 is provided in four single bedrooms and six multi-occupancy rooms, bedroom accommodation in Unit 6 is provided in 11 single bedrooms and four multi-occupancy rooms. Multi occupancy bedrooms accommodate three to four residents and have shower and toilet facilities en suite. One single bedroom has ensuite bathroom facilities. There are a number of toilets and one assisted shower room in each unit available to other residents occupying single bedrooms. There is a variety of communal day spaces provided in each unit including day rooms, dining rooms and conservatories.

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

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| Current registration end date: | 28/06/2021 |
| Number of residents on the date of inspection: | 46 |

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| 18 December 2018 | 09:30hrs to 19:00hrs | Mary Costelloe | Lead |
| 09 January 2019 | 09:30hrs to 18:00hrs | Mary Costelloe | Lead |
| 18 December 2018 | 09:30hrs to 19:00hrs | Shane Grogan | Support |
| 09 January 2019 | 09:30hrs to 18:00hrs | Brid McGoldrick | Support |
| 09 January 2019 | 09:30hrs to 18:00hrs | Shane Grogan | Support |

## Views of people who use the service

The inspectors spoke with 15 residents during the inspection.

Residents were complimentary regarding the care provided, stating that staff were helpful and kind.

Residents spoke highly of the quality and choice of foods on offer.

Residents commented that that there was a good range of activities taking place and that there was plenty to do during the day,

One resident stated that they would like to be able to attend activities out of hours at weekends and which were not routinely facilitated.

Some residents raised issues regarding the ongoing problems with the water supply, stating that the showers were not always in working order and at other times the water in the showers was cold.

## Capacity and capability

The governance, management and oversight arrangements in place did not ensure that the quality and safety of the service met regulatory requirements. Senior management had failed to take necessary action in a timely manner for the purpose of improving the quality of life for residents and supporting the staff on the ground in striving to achieve better outcomes for residents.

This inspection took place over two days, day one of this inspection took place on 18 December 2018; and day two took place on 9 January 2019. During the course of day one of this inspection a number of regulatory non-compliances in relation to lack of sufficient showering facilities, inconsistent water temperature in showers and some aspects of fire safety management were noted that required urgent action. The inspectors also had concerns as there was lack of clarity regarding the fitness of the water supply. The person in charge was advised that an urgent compliance letter would be issued to the provider in respect of these issues. The compliance letter was responded to within the required time frame.

Staff spoke of their frustration with regards to these ongoing issues, stating that it was difficult to plan their work and provide quality care to some residents in the absence of support and action on behalf of the registered provider representative. They stated that there was ongoing issues relating to the lack of

water pressure, inconsistent water temperature in showers, there was no hot water in parts of the building on some days and some showers were not in working order. They advised that these issues had been brought to the attention of the provider over the past number of months but continued to be unresolved. Staff spoken with on day two of the inspection advised that plumbers had been on site each day since the visit on 18 December 2018 and staff confirmed that all showers were now in working order.

Governance arrangements in place had not ensured that all staff and residents had received clear, updated information and guidance in relation to the status and fitness of the water supply following some high readings for Legionella bacteria since July 2018. On day one of the inspection, inspectors were not assured that the water was safe for use in showers or fit for drinking as there were conflicting reports from staff regarding the water quality and its fitness for use. There was signage posted at some wash hand basins advising 'do not drink'. There was lack of clarity regarding the suitability of the supply despite the risk to residents who were using water that might not be safe to use or drink.

The person in charge advised that the water supply system had been disinfected, sanitised and flushed following high readings for Legionella bacteria in July 2018. She advised that filters had been put in place in shower heads to reduce contamination risks but these had affected water pressure in the showers. She confirmed that the water supply continued to be monitored for Legionella and results of the last samples taken were not yet available. During the inspection, inspectors sought written assurances that the water supply was safe for use but this was not provided. On day two of the inspection, the person in charge and staff spoken with confirmed that they had received written guidance from the provider representative regarding the up-to-date status on the water quality and the interim measures in place pending fitness of the supply. Staff spoken with were clear that the water supply from taps at wash hand basins was unfit for drinking and washing teeth. However, there continued to be inadequate signage posted at wash hand basins and no signage at others which posed a risk to residents and visitors. Staff confirmed that bottled water continued to be used for drinking purposes. Inspectors observed that adequate supplies of bottled water were available and were offered to residents throughout the day.

The absence of an effective system of governance was further evidenced by:

- the continuation to admit residents for respite and short-term care regardless of the risks to residents safety. Some residents at high risk of acquiring healthcare associated-infections were admitted, despite the unresolved issues relating to the safety of water supply, insufficient shower facilities and lack of consistency of the hot water supply in the centre.
- failure to ensure that adequate resources were provided to the implementation, oversight and monitoring of environmental cleaning systems and infection prevention and control practices. Nursing management staff who had completed hygiene audits and identified poor compliance had highlighted ongoing issues of concern with the senior management team.
- failure to ensure and uphold residents rights to privacy and dignity.

- failure to ensure that all records as required by the regulations were available in respect of all staff members.
- inadequate oversight of fire safety management, maintenance of the building, and complaints management.
- Inconsistencies in nursing documentation.
- Failure to ensure that all residents had timely access to allied health care.
- Poor provision of clerical support to assist the person in charge to fulfill her regulatory responsibilities.
- Repeated regulatory non-compliance's from the previous inspection dated January 2018.

Furthermore, governance arrangements for the management of the centre in the absence of the person in charge were unclear. There was a full-time person in charge; however, staff spoken with were unclear as to who was in charge in her absence. On arrival at the centre on day one of the inspection, the inspectors were informed that the person in charge was on leave. While there was nurse in charge in each unit, there was no designated person with oversight and responsibility for the centre in her absence.

While Garda vetting disclosures were available for all staff during the inspection, the management team did not fully understand the requirement to have a vetting disclosure in accordance with the National Vetting Bureau available in respect of all staff in the centre. There was written instruction from management that all vetting disclosures were to be shredded once reviewed by the inspection team which in effect meant that they would then be in breach of the regulations.

There were some systems in place to review and monitor the quality and safety of care. Nursing management staff in the centre continued to regularly review areas such as medication management, incidents and falls, mealtimes, malnutrition prevention, wound care, restraint use and activities. Findings were set out and action plans put in place to address areas for improvement. Results of audits were discussed at staff meetings to ensure learning and improvement to practice. There was evidence that residents continued to be consulted with. Residents committee meetings continued to take place on a regular basis and issues raised by residents such as requests for day trips, alternative activities and catering options were acted upon. However, a copy of the annual review on the quality and safety of care in the centre requested by the inspectors was not made available.

Some of the issues identified and included in the compliance plan from the previous inspection dated January 2018, had still not been addressed. Issues relating to governance and management, contracts for the provision of services, premises and nursing documentation were still not addressed.

## Regulation 14: Persons in charge

The person in charge meets the criteria required by the regulations in terms of

qualifications and experience. She is an experienced registered nurse and works full-time in the centre.

Judgment: Compliant

## Regulation 15: Staffing

Additional resources were required to ensure that appropriate staffing arrangements were put in place to implement, oversee and monitor environmental cleaning systems, decontamination of equipment and infection control practices.

There were inadequate administrative supports in place to assist the person in charge in fulfilling her role such as completion and updating of staff training records.

Judgment: Not compliant

## Regulation 16: Training and staff development

The person in charge was unable to provide evidence of all training provided to staff during 2018. The training matrix had not been updated to include all training completed in 2018.

There was inadequate guidance, training and education provided to staff in areas such as Legionella, management of laundry, use of laundry and sluice room equipment and use of settings on pressure relieving equipment.

Copies of the regulations and National standards for infection prevention and control in community services published 2018 was available on computer, but copies had not been made available to staff.

Judgment: Not compliant

## Regulation 21: Records

Records as required by the regulations were not available in respect of all staff members. Inspectors reviewed a sample of staff files and noted that evidence of the persons identity, full employment history, written references, and a record of current registration details was not available for some staff.

Staff training records were not easily retrievable and not kept up to date.

While staff promoted a restraint- free environment, records of safety checks carried out by staff of residents using bedrails were not always recorded.

Judgment: Not compliant

## Regulation 23: Governance and management

Governance arrangements required review to ensure that management systems in place effectively monitored the totality of the service to ensure it was safe and met regulatory requirements.

There was a lack of urgency on the part of the HSE in responding to issues of concern raised by staff in the centre.

There was poor oversight of areas relating to cleaning, decontamination and maintenance of the premises, infection control, fire safety management, privacy and dignity, nursing documentation and access to allied health care.

The management team had continued to admit residents for respite and short term care while there were unresolved issues relating to the safety of water supply, insufficient shower facilities and lack of consistency of the hot water supply despite the risks to residents safety.

Governance arrangements for the management of the centre in the absence of the person in charge were unclear.

The annual review of the quality and safety of care in the centre was not made available during the inspection.

Judgment: Not compliant

## Regulation 34: Complaints procedure

Complaints and concerns were logged, investigated and responded to, however, it was noted that some complaints had not been responded to within the time frame set out in the centre's own policy. On day one of the inspection it was noted that improvements were required to the complaints procedure displayed to ensure it was clear and easily understood. The procedure displayed did not provide clear guidance on how to make a complaint, did not clearly identify the nominated person to deal with complaints or details of the independent appeals procedure. The complaints procedure displayed was updated following day one of the inspection, however, some complaints were not responded to in a timely manner in line with

centre's complaints policy.

Judgment: Not compliant

## Regulation 3: Statement of purpose

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

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The cost of all services provided in the centre was not included in the contract of care. The contract of care also did not specify the room in which the resident would live. This non-compliance had been previously identified during the inspection which took place on 24 January 2018.

Judgment: Substantially compliant

## Quality and safety

Poor governance arrangements impacted on the quality and safety of care of residents particularly in relation to cleaning, decontamination and maintenance of the premises, infection control, fire safety management, privacy and dignity, nursing documentation and access to allied health care.

The centre comprised of two distinct units and was originally designed as a hospital. The general layout had not changed and the centre still resembled a hospital type setting. The inspectors acknowledge that there have been efforts to improve the decoration of the premises, in particular the entrance areas and communal day areas. These areas were decorated and furnished in a homely and comfortable style. However, many parts of the building and garden areas were maintained in poor repair and showed an obvious lack of regular and routine maintenance. The enclosed garden area could not be used by residents due to its unkept and unsafe condition which was not in accordance with the centres own statement of purpose. Issues relating to the premises requiring attention are discussed further under Regulation 17.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. They had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A meaningful activities assessment was completed for all residents. A varied programme of recreational and stimulating activities was offered. Two full-time activities coordinators were employed, they had received training to support the activities programme; for example Sonas, a therapeutic programme specifically for residents with Alzheimers or dementia, and 'fit for life' physical exercise programme. During the inspection residents were observed to be up and about and partaking in a variety of activities. On both days of inspection, a number of residents were supported to attend the coffee shop located on the grounds of the centre. Other activities that took place regularly included weekly Sonas sessions, baking, arts and crafts, dog therapy, hand massage and weekly exercise programme. Residents spoken with confirmed that they enjoyed the variety of activities taking place, many mentioned that they had gone on recent day trips including the Christmas markets, horse races, local military museum, pet farm and were planning to go to the Zoo this year. A representative of the local men's shed visited and held weekly workshops and activities with a group of male residents. They spoke about enjoying attending the workshop and gardening activities during the summer months. Additional support was required to support a small number of residents in their early 60's who expressed a wish to attend activities out of hours and at weekends.

Residents had access to appropriate medical services. A local general practitioner(GP) practice comprising five GPs visited the centre routinely three days each week. Residents could choose to retain their own GP if they wished. There was an out-of-hours service also provided.

While residents had access to a range of allied health services including physiotherapy, occupational therapy, dietitian, speech and language(SALT) and psychiatry of later life, access to these services varied for short stay and long stay residents. Improvements were required to ensure that all residents had timely referral and access to allied health care.

There was a pre-assessment process for potential residents to ensure that their needs could be met. Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. A range of risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, pain and meaningful activities. However, some inconsistencies were noted in the nursing documentation. Improvements were required to ensure that care plans were in place for all identified issues, that all care plans reflected the current needs of residents and guided staff in the care of the resident.

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. Medicines were regularly reviewed by the general practitioners (GPs) and good supports were available from the local pharmacist. Nursing staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines

management. Most nursing staff had completed recent medicines management training. Regular medicine audits continued to be completed in house.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Staff spoken with confirmed that they had received this training. All staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

Staff stated that they promoted a restraint-free environment. There were 18 residents using bedrails at the time of inspection, most at the request of residents. There was evidence of risk assessment and care plans in place to support the use of bedrails. However, records of safety checks carried out by staff were not always recorded.

During the course of day one of this inspection some aspects of fire safety management were noted that required urgent review. The person in charge advised that all staff had received ongoing fire safety training; however, the inspectors were unable to determine if all staff had completed this mandatory training as the staff training matrix had not been updated to include fire safety training completed in 2018. The servicing of the fire alarm and most fire equipment was up to date.

Records reviewed showed that fire drills were being carried out however; there were no records to indicate the time taken to evacuate individual fire compartments simulating night time staffing levels, and having regard to the number and dependency of residents accommodated. The person in charge was advised that an urgent compliance letter would be issued to the provider representative in respect of these issues. The compliance letter was responded to within the required time frame. On day two of this inspection, evidence that all staff had completed fire safety training was available and records of recent fire drills which had taken place following day one of the inspection were also available. All fire equipment had been serviced on 2 January 2019. The person in charge advised that January 2019 had been designated as fire safety month and she was planning to hold further fire safety drills to ensure all staff were included. The provider representative has undertaken to have a fire and safety audit completed by an external fire consultant in January 2019 and that a copy of this report, recommendations and action plan would be submitted to the Office of the Chief Inspector when available.

On day one of this inspection, there were insufficient showers available for use by residents in both units which impacted upon residents' rights, privacy and dignity. The issue had been logged in the centre's risk register which outlined how this ongoing issue had impacted on residents' personal care and dignity, infection control was compromised, potential for staff injury due to carrying basins of water from one area to another and potential for residents and staff to fall or slip on water spills. Nursing staff informed inspectors that there were days when there was no hot

water available on one side of the building and staff had to carry basins of hot water from one side of the building to the other in order to attend to residents personal care needs.

The privacy and dignity of residents was further compromised due to challenges posed by the design and layout of the building. Inspectors noted that where bed capacity had previously been reduced in some of the multi occupancy rooms, the registered provider had failed to ensure that the additional space was used to enhance the living space of individual residents. The additional space had not always been utilised to create a more personalised home-like area for residents to enhance their living space in a meaningful way. It was noted that space created by the removal of additional beds was sometimes used to store unused equipment such as beds, mattresses and specialised chairs. The person in charge told inspectors that storage space for equipment was limited.

As discussed under capacity and capability section of this report, inadequate resources were provided to the implementation, oversight and monitoring of environmental cleaning systems and infection control practices. During the inspection, inadequate cleaning, decontamination and many poor infection control practices were identified which posed a risk to residents. There was inadequate guidance to staff regarding the management of laundry to ensure best practice in infection control. These issues were discussed with senior management who undertook to have a comprehensive infection control review and assessment carried out by an infection control specialist. The report of this assessment is to be forwarded to the Office of the Chief Inspector. These issues are discussed further under Regulation 27.

## Regulation 12: Personal possessions

Each resident had access to lockable storage in the immediate vicinity of their bed. There was a locker and wardrobe provided for the storage of every residents' property.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had not ensured that the premises were appropriate to the number and needs of the residents and in accordance with the statement of purpose.

On day one, in Unit 6, the en-suite shower facilities in two of the four bedded rooms

were not in working order. The communal assisted shower room located off the main corridor in Unit 6 was also not in working order. This lack of showers impacted on 11 residents, the only shower option available to 10 of these residents was to use the facilities in other residents' bedrooms. One resident who required a specialised shower trolley did not have access to a shower. In Unit 5, the en-suite shower facilities in two of the four bedded rooms were not in working order. There was one assisted shower available which was located at the end of the main corridor available to meet the needs of 16 residents, 11 who occupied single bedrooms and the five residents who resided in the two four bedded rooms

The premises did not conform to other matters set out in schedule 6 of the regulations. For example

- The plasterwork and paintwork to the walls of many bedrooms and hallways was defective, stained and chipped.
- The wooden window boards and skirting boards to some bedrooms were defective and required repair and repainting.
- The floor covering and wall floor coving to many bedrooms were defective and unsafe.
- The rain water gutters to the rear of the unit required cleaning as they were overflowing onto the footpaths of the enclosed garden area.
- The enclosed garden area and footpaths were poorly maintained. Staff informed the inspectors that the area was not safe and not used for residents due to its present condition.
- Inspectors observed two electric heaters in the four bedded room at the end of the corridor in Unit 5. One of the electric heaters was defective and had been propped up on pieces of wood to prevent it from falling over. Staff informed inspectors that the room was cold and as a result additional stand alone electric heaters had been provided.
- The covering on some chairs in the communal areas were noted to be worn and torn.
- There was an inadequate supply of thermostatically controlled hot water available and residents were not provided with a sufficient number of fully operational showers in the centre on day one of the inspection.
- There was inadequate storage space for equipment.
- There was an inadequate number of showers provided, there was only one shower available to residents residing in 11 single bedrooms in Unit 5.

Judgment: Not compliant

## Regulation 27: Infection control

The registered provider had not ensured that procedures consistent with the standards for the prevention and control of healthcare-associated infections were implemented. For example

- Residents at high risk of acquiring healthcare-associated infections continued to be admitted, while there was unresolved issues relating to the safety of water supply, insufficient shower facilities and lack of consistency of the hot water supply in the centre.
- There was inadequate signage posted at wash hand basins and no signage at others advising that the water supply was unfit to drink.
- There was inadequate guidance, information and education provided to staff regarding Legionella.
- There was no dedicated cleaning team.
- Environmental hygiene and cleaning of equipment used by residents was inadequate.
- Cleaning duties were fragmented and carried out by catering, laundry and care staff, with some cleaning duties completed by the porter.
- There was a lack of supervised cleaning and decontamination processes taking place. Some residents' personal equipment was not clean for example, their wheelchairs.
- Catering staff completed both catering and cleaning duties intermittently throughout the day.
- Clean linen was being stored inappropriately outside the cleaners store.
- Towels used for personal care of residents were stored on top of the care trolleys. The inspectors noted that it was difficult to determine which towels had already been used and which were clean and unused.
- There was a lack of suitable and appropriate cleaning chemicals in use.
- Some cleaning agents stored in the sluice room were dated 2014 and had expired their date of effectiveness.
- There was inadequate guidance, training and education provided to staff for the management of laundry.
- There was inadequate guidance, training and education provided to staff on the use of laundry and sluice room equipment.
- Storage racks for urinals and bedpans were not wall mounted in the sluice room.

Judgment: Not compliant

## Regulation 28: Fire precautions

- There were no records to indicate the time taken to evacuate individual fire compartments simulating night time staffing levels having regard to the number and dependency of residents accommodated on day one of this inspection.
- The fire policy required review to ensure that arrangements in place for the calling of the fire brigade did not cause unnecessary delays or confusion.
- Several fire doors were wedged open and many doors were not fitted with self-closing devices. This posed a risk as doors could not

close automatically in the event of fire.

- The fire evacuation layout plan of the building located on the wall adjacent to the fire panel was unclear and could cause confusion as the plan displayed was inverted.
- Large gaps were noted underneath some of the bedrooms doors which could allow the spread of smoke in the event of fire.
- Large accumulations of lint were noted in the tumble dryer in the laundry area which posed a fire risk.
- Some residents' personal emergency evacuation plans were not aligned to their manual handling assessments which posed a risk to residents in the event of fire.

Judgment: Not compliant

## Regulation 8: Protection

The system in place to protect residents' finances required review as some transactions had not been correctly recorded.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

The registered provider did not uphold the rights of all current and future residents including their rights to privacy and dignity and the right to exercise choice without adversely impacting other residents.

For example:

- On day one of this inspection, there were insufficient showers available for use by residents in both units which impacted upon residents' rights, privacy and dignity.
- Residents could not take a shower at a time of their choice. Residents often had to wait for other residents to vacate their bedrooms in order that they could use their facilities.
- Residents were offered showers less frequently. Nursing staff confirmed that some residents were offered a shower less frequently because of the lack of working shower facilities and sometimes lack of hot water.
- Residents had to enter other residents' bedrooms to take a shower, male residents used the shower facilities in female residents bedrooms impacting on the privacy and dignity of all residents involved.
- There was only one television located in the three and four bedded rooms. The television was positioned so that it could only be viewed by any one

resident sitting at their bedside at any given time.
Consequently, residents may not have the choice to view the television or watch a favourite programme without interfering with others.

- Privacy screening curtains were not all configured in a way to ensure residents' privacy and dignity. For example, one residents facilities for the storage of their personal belongings was located in the area behind the privacy screening curtain of another resident's cubicle.
- The communal shower facilities available for use by residents occupying single rooms were located at a distance from the rooms which negatively impacted on the ability of a resident to undertake the personal activity of showering in private.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Improvements were required to ensuring that medicines that required refrigeration were stored at the correct temperature. The thermometer probe was not in working order and therefore the temperature of the refrigerator could not be monitored on a daily basis as required. Nursing staff advised that the temperature probe which had been out of order since November 2018 had been reported to management but had not been replaced.

Further improvements were required to ensuring that all medicines were administered as prescribed. While medicine charts were generally found to be completed in line with the medication policy, inspectors noted some gaps in the medicine administration charts where no codes had been used.

Judgment: Substantially compliant

## Regulation 6: Health care

Improvements were required to ensure all residents had timely access to allied heath services. Inspectors identified a number of residents who required review by allied health professionals including the dietitian, speech and language therapy(SALT), physiotherapist and audiologist. For example, one resident admitted in November 2018 had assessments completed in line with evidence-based nursing practice, had identified a requirement for assessment by a dietitian and SALT, however these services had not been provided. The person in charge undertook to submit confirmation when these residents were reviewed and assessed.

There was no preventative maintenance physiotherapy plan in place for some

residents to reduce the likelihood of developing contractures.

A number of residents were prescribed medication for pain, however, the effectiveness of the medicines administered were not recorded.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Inconsistencies were noted in the nursing documentation. Improvements were required to ensure that assessments were completed accurately and kept up to date, to ensure care plans were in place for all identified issues, to ensure all care plans reflected the current needs of residents and guided staff in the care of the resident. There was no documentation available to show that care plans reviewed had been revised in consultation with the resident concerned, and where appropriate, the resident's family.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Views of people who use the service** | |
| **Capacity and capability** | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 21: Records | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 34: Complaints procedure | Not compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| **Quality and safety** | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 27: Infection control | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 6: Health care | Not compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |

# Compliance Plan for Merlin Park Community Nursing Unit 5&6 OSV-0000635

## Inspection ID: MON-0025890

## Date of inspection: 09/01/2019

**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 15: Staffing | Not Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>We have drawn up a policy and procedure guideline to guide and assist staff with monitoring and cleaning of the environment. The cleaning check manual for staff has been updated with a section on decontamination of equipment and signing sheet to clearly identify any deficits.<br><br>We are reviewing our staffing needs with a view to hire dedicated environmental cleaning team. An expression of interest has been explored in the CNU with existing staff and we are in the process of hiring two new members of staff for the role of domestic or cleaning staff to be completed by June 2019.<br>We will be holding an infection control study day in the unit on the 21st March 2019 for all staff. In the interim we are trialing a cleaning schedule in the unit with five members of staff in a dedicated cleaning team for the CNU. We are awaiting the Infection control audit results for guidance the audit took place on 26th February 2019.<br><br>We concur with your assessment of need for clerical support and we have identified possible candidates to carry out the role. There is a potential candidate wising to transfer from another facility the request in currently with the human resources department. This process will take until July 2019 to be resolved. | |
| Regulation 16: Training and staff development | Not Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: | |

The unit training matrix has been updated to include all training undertaken by staff to date in the Community Nursing Unit.
We have provided a laundry manual and policy for staff on the management and use of laundry equipment and the sluice equipment. A temperature guide is displayed in both the laundry room and sluice room. A guideline on the use of laundry equipment and care of equipment is available to staff along with user manuals for the use of equipment. We are carrying out 30 minute instructions sessions on the usage of the sluice equipment in the unit with staff with the aid of an interactive programme delivered by PIC and CNM2.

An information session for staff took place on Legionella in the unit all members of staff received an information leaflet. An infection control study day will take place in the unit on 21st March 2019 and twenty members of staff can attend each session which lasts for three hours. In addition staff will complete a HSE land course on Infection control and prevention.

The cleaning trolley has a guide for staff on the cleaning products available and the company that supply the chemicals for cleaning are scheduled to do training with the staff in the CNU on 5th March 2019.

The Infection Control Nurse carried out an infection control audit in unit 5 on 26th February results not available yet and she will carry out an audit in unit 6 on the week of 4th March. The infection control Nurse is reviewing cleaning schedules being used in the unit and that will be completed by 12th March and feedback given to PIC and CNM2.

We have a guidance folder on the pressure relieving equipment as a resource for staff and the individual pressure relieving mattress have a guide for staff. A full audit of residents care plans was carried out in relation to use of pressure relieving equipment. Pressure relieving mattress were found to be the most equipment used with 24 residents availing of them in the CNU. An action plan has been formulated to guide staff to complete a care plan and guidance on recording the pressure relieving settings with directions to be added to equipment also. Staff will complete the relevant documents and a follow up audit will be carried out by the PIC in March 2019. The company that supply the pressure relieving mattress will do an information session in the unit with staff on 19th March 2019

Copies of the National guidelines on infection control are available on both units they are in a booklet format and available to all staff.

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| Regulation 21: Records | Not Compliant |

Outline how you are going to come into compliance with Regulation 21: Records:
The staff files have been audited in respect of the regulation; the staff files requiring a full employment history and references have been identified. We have written to the members of staff requesting the documents we hope to have then completed by 30th

March 2019.

The staff training records are all collated in a training matrix and it is up to date.
Staff have been reminded to complete the touch care in respect of the two hourly checks on restraint, we are promoting a restraint free environment and any restraint in use as an enabler and resident is able to remove for themselves.

| Regulation 23: Governance and management | Not Compliant |
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
A maintenance person has been identified as a single point of contact for all maintenances issues and a request log will be maintained and there will be bi-weekly meetings with provider and maintenance personnel. The provider and PIC will review weekly maintenance log and action plan to be drawn up for outstanding issues.

The PIC, provider and maintenance manager are having weekly meetings facilitated by the General manager to discuss the HIQA findings and the inspection; this has been face to face meetings and teleconference. A robust action plan was draw up and responsibilities clearly identified this is ongoing.
Governance arrangements for absence of the person in charge have been clearly identified on the off duty for the Community Nursing Unit. The off duty in both units has identified the person deputizing for person in charge in her absence. It will be the Clinical Nurse Manager or a senior staff nurse.

A copy of the 2018 annual review is available in the unit and the 2019 annual review is being compiled and will be completed by the end of the month.

| Regulation 34: Complaints procedure | Not Compliant |
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
An update complaints procedure is displayed in the unit and we are currently reviewing the complaints policy.
We have reviewed our complaints response time and we are reviewing the time frame within the policy. We are expecting to have feedback from all stakeholders by the end of March and have an updated policy signed off by the 14th April 2019.

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| Regulation 24: Contract for the provision of services | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
The contract of care has been updated and the cost of services and the room number for each resident in now included in the body of the text instead of in an appendix.
Residents and or their care representatives are signing the updated contacts of care a letter has been sent to care representatives or next of kin of residents who are unable to sign we are hoping to have them all signed by the 30th April.

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| Regulation 17: Premises | Not Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:
The plaster work and paint work in the hallway in unit 6 has been repaired and painted completed on 15th February 2019. Room 1 and the corridor in unit 5 have been repaired and painted.
There is a maintenance plan for painting to be carried out throughout the unit and paintwork in the bedrooms to be renewed. The painter is scheduled to be in the unit each quarter to carryout touch up and any areas that require attention.
This practice will continue for the year and will be reviewed in December 2019.

The window boards and skirting boards were renewed and repainted in unit 6 on 1st march 2019.

The gutter to the front of the building is to be replaced and the gutters at the back of the building require repair and some to be replaced. The contractor is due on site to carry out this work on 5th March 2019.

The single radiator in room 1 has been replaced with a double radiator to generate more heat and remove the need for an electric heater to be used in that room. This action completed on 28th February 2019.

All showers in Merlin Park Community Nursing Unit have been replaced and thermostatic controlled valves have been fitted. All of the wash hand basins are fitted with tap mixer units which incorporates thermostatic controlled anti scald devices.

The defective flooring in room 2 in unit 5 has been repaired and replaced on the 14th February 2019. A maintenance audit on flooring will be carried out on 4th March to

identify defective flooring and a plan to carry out any remedial work to be completed by 30th June 2019.

The garden maintenance is taking place on the 7th March 2019 which will include power hosing the paths and removing moss, cutting back shrubs and clearing away leaves and debris, cutting grass and planting of Spring/Summer plants. A schedule for the year will be put in place for the upkeep and maintenance of the garden.

The defective heaters and chairs and all unnecessary equipment have been removed from the Community Nursing unit.

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| Regulation 27: Infection control | Not Compliant |

Outline how you are going to come into compliance with Regulation 27: Infection control:
All showers in Merlin Park Community Nursing Unit have been replaced and thermostatic controlled valves have been fitted. All of our wash hand basins are fitted with tap mixer units which incorporates thermostatic controlled anti scald devices.
All hand basins have updated signage. This was put in place on the day the inspection.

An information session for staff took place on Legionella in the unit each member of staff received an information leaflet. An infection control study day will take place in the unit on 21st March 2019 and twenty members of staff can attend each session which lasts for three hours two sessions will take place on the day. In addition staff will complete a HSE land course on Infection control and prevention. Any remaining staff will avail of the infection control and prevention study day facilitated by the HSE on the 28th March 2019.

The cleaning trolley has a guide for staff on the cleaning products available and the company that supply the chemicals for cleaning are scheduled to do training with the staff in the CNU on 5th March 2019.

The Infection Control Nurse carried out an infection control audit in unit 5 on 26th February results not available yet and she will carry out an audit in unit 6 on the week of 4h March. The infection control Nurse is reviewing cleaning schedules being used in the unit and that will be completed by 12th March and feedback given to PIC and CNM2.

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| Regulation 28: Fire precautions | Not Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A night time simulation evacuation was carried out on the 20/12/2018 and 21/12/2018, incorporating the largest compartment (Zone 4, Unit 5 and Zone 6, Unit 6) occupied by residents in the unit. This was carried out by four staff and eight residents evacuated in two minutes.
A fire safety audit has been carried out by an external Fire safety consultancy firm in the units on 4th February result of audit and action plan will be submitted to the Chief Inspector when available. The provider and the maintenance personnel will draw up an action plan to deal with the findings.

The Community Fire Policy has been updated to give clear guidance to residents and staff.

A safety notice regarding dangers of lint in the drier has been erected in the laundry room and a clean and checking log has been commenced to guide staff.

We have completed the Personal Evacuation plan for reach resident and linked it with their manual handling and a copy is kept in the fire management folder and updated as needed.
The fire plan drawing in the reception area of both units is being redone to match the layout of the building and make it more user friendly. This will be completed by 15th March 2019.

| Regulation 8: Protection | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 8: Protection:
All transactions were recorded on inspection one of the templates showed two members of staff had signed but used two lines to record.
The template for the pocket money has been updated and a copy is included in the folder for each resident who we hold pocket money for the template has a section for sign out included.

| Regulation 9: Residents' rights | Not Compliant |
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All showers in Merlin Park Community Nursing Unit have been replaced and thermostatic controlled valves have been fitted. All showers in both units are fully functional and a shower usage record is recorded in each unit each day.
We do not provide a television to residents but residents are welcome to bring in their

own.
We have televisions in the communal areas such as day room, sun room dining room and we have fitted a big screen for residents to enjoy as part of the movie club.
We have one of the multi occupancy rooms that require new curtains since the installation of a tracking hoist. These curtains have been ordered and are being made at the moment, we are expecting delivery of the curtains by the 30th March.

The communal shower room is used mainly by the residents of single rooms adjacent to the shower room in unit 5. In unit 6 there are eleven single rooms and there are two communal showers for useage.

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A thermostat was fitted to the fridge on 18th December 2018 on the day of the first HIQA inspection to replace the broken thermometer to comply with compliance with the best practice guidelines of the pharmacy and storage of medications.

A monthly audit of the medication charts will take place to identify any deficits or gaps in the charts. Findings will be discussed with staff at our monthly staff meetings. A copy of the unit audits are available to view. The last audit on medication charts was conducted in January 2019 and 98% compliance was achieved.

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| Regulation 6: Health care | Not Compliant |

Outline how you are going to come into compliance with Regulation 6: Health care:
The Dietician carried out assessments with residents in the unit on 15th February and will be on site once a month. The SALT assessments were carried out on 18th February and a referral can be made on line at any time. The SALT is scheduled to visit the unit in eight weeks but available on request if required before that.

The physiotherapist has carried out assessments with residents with contractures and this is now reflective in their care plan.

The abbey pain scale is included as part of the drug medication chart in order to assess pain score pre and post analgesia administration. All new drug charts being printed in the unit will contain the Abbey pain scale and a template to record pre and post analgesia

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| score at each time that analgesia is administered. |

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Care plans have been reviewed and a care plan audit showed compliance of 85%, an action plan has been devised for the areas of deficit that were identified.
A review will be carried out by the 6th April. The PIC and CNM will review findings and formulate an action plan to guide staff. The findings these will be discussed at the biweekly management meeting between PIC and CNM.
The nursing assessments in use will be reviewed by the CNM to ensure they are guiding staff in the care being provided for the resident.
The care plan will be printed in order for the resident or care representative to sign after review consultation.

## 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 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Not Compliant | Orange | 30/04/2019 |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training. | Not Compliant | Orange | 10/03/2019 |
| Regulation 16(2)(a) | The person in charge shall ensure that copies of the Act and any regulations made under it are available to staff. | Substantially Compliant | Yellow | 28/01/2019 |
| Regulation 16(2)(b) | The person in charge shall ensure that copies | Substantially Compliant | Yellow | 22/02/2019 |

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| | of any relevant standards set and published by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act are available to staff. | | | |
| Regulation 17(1) | The registered provider shall 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. | Not Compliant | Orange | 20/01/2019 |
| 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 | Red | 21/12/2018 |
| Regulation 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Not Compliant | Yellow | 30/04/2019 |
| Regulation 23(a) | The registered provider shall | Not Compliant | Orange | 22/02/2019 |

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| | ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | | | |
| Regulation 23(b) | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Not Compliant | Orange | 22/02/2019 |
| 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. | Not Compliant | Orange | 22/02/2019 |
| Regulation 23(d) | The registered provider shall ensure that 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 | Not Compliant | Orange | 28/02/2019 |

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| | set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | | | |
| Regulation 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | Substantially Compliant | Yellow | 15/04/2019 |
| Regulation 24(2)(b) | The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services. | Substantially Compliant | Yellow | 15/04/2019 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare | Not Compliant | Orange | 30/03/2019 |

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| | associated infections published by the Authority are implemented by staff. | | | |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 22/02/2019 |
| Regulation 28(2)(iii) | The registered provider shall make adequate arrangements for calling the fire service. | Not Compliant | Orange | 22/02/2019 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Not Compliant | Red | 21/12/2018 |
| Regulation 29(2) | The person in charge shall facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland. | Substantially Compliant | Yellow | 09/01/2019 |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with | Substantially Compliant | Yellow | 09/01/2019 |

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| | the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | | | |
| Regulation 34(1)(g) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process. | Substantially Compliant | Yellow | 14/04/2019 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 06/04/2019 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan | Substantially Compliant | Yellow | 30/03/2019 |

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| | prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | | | |
| Regulation 6(2)(c) | The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment. | Not Compliant | Orange | 18/02/2019 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Substantially Compliant | Yellow | 30/01/2019 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents. | Not Compliant | Orange | 20/01/2019 |

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| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Not Compliant | Orange | 12/01/2019 |