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:	Announced
Date of inspection:	13 October 2023
Centre ID:	OSV-0000477
Fieldwork ID:	MON-0033301

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. 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

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
Friday 13 October 2023	08:20hrs to 17:30hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

During this announced inspection in The Meath Community Unit the inspector spoke with residents and visitors for feedback on the service and to elicit their experiences of life in the centre. Overall, residents told the inspector that they felt safe, were happy with the food on offer, their bedrooms and the communal spaces available to them. Residents said that the care they received was good and resident and visitors described staff as being 'A-one' and that they were 'all so good'. They described how they never had to wait for the support and help they requested.

The Meath Community Unit is located in Dublin 8 and is part of a larger campus. The centre was found to be warm, well ventilated and was overall maintained to a good standard with the exception of a few areas such as the centre's designated smoking area, some small areas of flooring and some items of furniture. The centre is laid out over four floors and has 48 registered beds which are provided in 6 single bedrooms and 21 double bedrooms across three separate units.

Bedrooms were well laid out to support residents' privacy, dignity and autonomy and had appropriate furniture. All rooms had spacious en-suite facilities. Communal bathrooms were found to be clean and had sufficient space to allow residents to undertake personal care activities independently, or comfortably with assistance if required. Residents reported they were happy with their bedrooms and how they were laid out.

Each unit had a dining room and two sitting rooms in which residents could relax. These were bright and contained appropriate furniture to support residents' independence and mobility and all were decorated nicely with items such as fire places to add a homely atmosphere.

The inspector saw that the pantry on the first floor had recently been refurbished and updated with new flooring and cabinetry to better support effective cleaning practices. The management of the centre stated that a further two pantries on the other units were for completion in the weeks after the inspection. There was an ongoing programme of painting and maintenance and management outlined plans for flooring to be replaced.

A large oratory was available to residents and was located on the second floor. The oratory contained religious icons, a remembrance tree and paintings that added to the spiritual and calm atmosphere of the room. The centre's sensory room was located beside the oratory; this contained sensory lights and an aromatherapy diffuser. This was seen to be used to good effect during the inspection to support residents who had been assessed as requiring one to one activities.

The inspector observed the dining experience and found that there was enough staff available to provide assistance for residents on each floor. Staff were discreet and unhurried when providing support and residents were observed to enjoy their meal

in a relaxed and dignified manner. Menus were written on notice boards in the dining rooms and throughout the units to inform residents about the meal options on offer each day. Overall feedback from residents about the taste and menu options was positive, saying that they liked the food on offer, they received plenty to eat and had access to food at all times. One resident said that they would like some more options such as 'steak and kidney pie'.

Residents had access to telephones, newspapers, televisions and religious services. A dedicated team of three activity staff was on-site to organise and encourage resident participation in events. A part time music therapist and a part time art therapist also worked as part of the team to provide therapeutic opportunities and activities for residents.

Residents reported that bingo, sing-a-longs, aromatherapy and music therapy were particular favourites. On the day of inspection the inspector observed residents enthusiastically participating in a game of bingo and a music therapy session where 'Ireland's call' was sung to enhance the excitement in the centre for the upcoming Irish rugby game during the Rugby World Cup. One resident reported positively regarding the multi-cultural party held the week before saying they really enjoyed the samba dancers. Outings for residents were also occurring to places such as the National Concert Hall for dementia inclusive concerts.

A small outdoor patio area located beyond the activity rooms on the ground floor was available to residents. Generally this area was maintained to a good standard and had appropriate seating for residents and contained planted beds and potted plants to enhance the area. The designated smoking area was also located in this area. The inspector found that this required some attention as it was generally found to be not clean and contained several full ashtrays of cigarette ends. Wooden furniture and fabric cushions were also present in the smoking area posing a potential fire hazard. Management undertook to address this during the inspection.

Residents were seen to have visitors throughout the day. Residents could receive their visitors in their bedrooms and other communal spaces. Visitors were very complimentary of the staff working in the centre and the care that was being provided to their loved one.

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

Capacity and capability

There were adequate resources to ensure the centre was run as outlined in the centre's statement of purpose and there was an established local and senior management team with clear lines of accountability in place. Management systems

required action however to ensure effective oversight of all aspects of the service.

This announced inspection was carried out to monitor compliance with the regulations and to follow up with actions from the last inspections in August 2022 and July 2023. The inspector found that all actions were underway or had been completed.

The registered provider for the centre is the Health Service Executive. There was a local management team in place, led by the person in charge who was responsible for the daily operation of the centre. Two assistant directors of nursing and eight clinical nurse managers supported the person in charge in their role. Records of regular meetings between management, staff and residents to discuss the running of the centre were provided to the inspector. Management systems were in place to provide oversight of the quality and safety of the service however the inspector found that not all areas of risk had been identified and systems in place to ensure adequate maintenance and retention of records required action. This is discussed further under Regulation 23, Governance and Management.

Overall the centre was well resourced and the registered provider had arrangements in place to ensure that residents had timely access to a range of healthcare professionals to meet residents' healthcare needs with the exception of access to a dietitian. The inspector was informed that the dietitian role had remained vacant since March 2023 despite ongoing attempts to recruit.

An annual review of the quality and safety of care delivered to residents in the centre during 2022 was made available to the inspector. This report was found to be informed by feedback from resident satisfaction surveys. An action plan had been formulated to address the identified areas for quality improvement.

The inspector found that not all documentation was retained in the designated centre for the required time frame as outlined in the regulations. Records reviewed by the inspector were found to be held securely and were overall found to be accurate and up to date with the exception of residents' property records. The system in place to maintain and review these records required strengthening. Further detail is provided under Regulation 21, Records.

The inspector was provided with all Schedule 5 policies and procedures and found that these had been updated at intervals not exceeding three years or more frequently when required. The registered provider and person in charge were aware of their regulatory requirement to notify the Chief Inspector of Social Services of notifiable incidents that occurred in the centre.

Regulation 21: Records

The inspector was informed that in line with local arrangements, resident records were transferred to an external archive facility after a two year period. This was not in accordance with regulations which required that all records were maintained on

site and available for review for a period of seven years.

A sample of residents' finance records were reviewed by the inspector. Records were found to be incomplete and three records reviewed did not match the monies held for the residents. For example all monies held for three resident had not been correctly recorded or the balance updated to give an accurate account of the monies held.

Simulated fire evacuation drill records reviewed were found to be insufficient. For example, it was unclear from reading the records of the simulated evacuation drills what scenario had been practised, that is to say 'night time' or 'day time' scenarios. Recommendations and learning identified in the records were found to be generic and did not direct quality improvement.

Judgment: Not compliant

Regulation 22: Insurance

A contract of insurance was in place that protected residents against injury and against other risks.

Judgment: Compliant

Regulation 23: Governance and management

Oversight systems for the retention and maintenance of records required action. The inspector was informed that not all required records as outlined by Schedule 2, 3 and 4 were retained in the centre for the periods of time as outlined in the regulations. Furthermore records of residents' finances were found to be incomplete and inaccurate This posed a risk to safeguarding of residents' finances and management systems had not recognised this risk. Further detail is outlined under Regulation 21, Records.

Furthermore the inspector identified the following risk during the inspection; the centre's designated smoking area contained combustible items such as wooden furniture and fabric cushions, this posed a potential fire hazard.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incident logs were maintained and available to the inspector. Notifiable incidents occurring in the centre were being reported as required to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were available to the inspector on the day of inspection. These policies and procedures had been reviewed in accordance with the regulations and to reflect best practice.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in The Meath Community Unit and that their healthcare needs were being met. Some action was required in the following areas of the service however; individual assessment and care plan and information for residents.

The inspector found that there were individual assessments completed for each resident and the care plans in place were updated regularly and reflected residents' assessed needs. The inspector found however that safeguarding care plans were not available for all residents who required them.

There was ongoing monitoring of residents' healthcare needs and the registered provider had arrangements to ensure that residents had appropriate and timely access to nursing, medical and other health care professionals as required. Residents had access to a general practitioner who attended the nursing home on a regular basis, and a range of other specialists such as physiotherapy, speech and language therapy, tissue viability nurse. There were also links between the centre and a consultant geriatrician based in a local acute hospital and psychiatry of later life.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Training records indicated that all staff had completed safeguarding training and staff who spoke with the inspector were clear about their role in protecting residents from abuse and the steps they would take to report concerns, allegations or suspicions of abuse. The registered provider acted as a pension-agent for eight residents at the time of inspection. Systems were in place

for the management of resident pensions.

Although some areas of the premises required minor attention, such as a few small areas of flooring that required replacing and a few items of furniture which had cracked surfaces, overall the inspector observed that the premises was maintained to a good standard.

Residents and visitors informed the inspector that they were happy with visiting arrangements in the nursing home. Visitors were seen coming to and from the unit throughout the day of inspection. Visitors who spoke to the inspector reported they were welcomed and that they did not feel restricted.

A resident guide in respect to the designated centre had been prepared and provided to the inspector. All details required under the regulation were not clearly detailed in the booklet. These are detailed in Regulation 20, information for residents for further detail.

Regulation 11: Visits

Appropriate arrangements were in place for residents' to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 17: Premises

Details of ongoing works and minor projects to ensure that the premises was maintained to a good standard were outlined to the inspector and the inspector observed that the premises was being maintained to a good standard to ensure it continued to meet the needs of residents living there.

Judgment: Compliant

Regulation 20: Information for residents

The resident guide in respect to the designated centre provided to the inspector did not contain the following information:

- The terms and conditions relating to residence in the designated centre,
- The procedure respecting complaints, did not detail the review person,

process or timeframe.

Judgment: Substantially compliant

Regulation 26: Risk management

A risk management policy was in place and this was found to be contain information as per the requirements of Regulation 26, Risk management. The person in charge outlined that learning from serious incidents and safeguarding concerns were communicated to staff via safety pauses, in staff meetings and during daily handovers. An emergency response plan for the centre was made available to the inspector.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector found that safeguarding care plans were not available for all residents who required them. Although the inspector was informed that staff were informed verbally of the steps to take to ensure residents were supported and safeguarded there was no clear written guidance and direction for staff providing support to these residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a general practitioner and a range of specialists such as physiotherapist, occupational therapists and so forth.

Judgment: Compliant

Regulation 8: Protection

The registered provider had put measures such as staff training and a safeguarding policy and procedure in place to protect residents from abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Meath Community Unit OSV-0000477

Inspection ID: MON-0033301

Date of inspection: 13/10/2023

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Develop and implement a plan to enhancement the current archiving storage practice of records retained in the centre for the required period of time as stipulated by the regulations. A particular focus on sourcing additional storage to accommodate additional filing requirements – target for completion 31/10/24 • Review and implemented enhancement oversight of residents' finance records to address any identified inconsistency identified on the day of inspection and prevent same going forward. This includes the monthly audit of finance records - Complete. • Review and enhancement of Simulated Fire Evacuation Drill records to address any identified gaps. A particular focus on recording of the scenario that had been practised, recommendations and learnings identified to inform quality improvement practices - Complete.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Develop and implement a plan to enhancement the current archiving storage practice of records retained in the centre for the required period of time as stipulated by the regulations. A particular focus on sourcing additional storage to accommodate additional filing requirements – target for completion 31/10/24 • Review and implemented enhancement oversight of residents' finance records to address any identified inconsistency identified on the day of inspection and prevent same going forward. This includes the introduction of the monthly audit of finance records in addition to the existing annual external audit process– Complete	

• Review and strengthening of existing management systems relating to the centre's designated smoking area. This has resulted in the removal of combustible items such as wooden tables, fabric cushions, which pose a potential fire hazard - Complete. • Plan to repaint the garden shed with fire retardant paint - target for completion 31/03/24

Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The resident information guide has been reviewed and updated to contain information regarding the terms and conditions as well as compliant management pathway relating to residence in the designated centre - complete.	
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: • Introduction of a separate individual safeguarding care plan practice for all residents who had safeguarding concerns - complete. • Review and enhance governance oversight to ensure care plans are completed within 48 hrs of admission - ongoing • Introduction of a checklist to ensure that careplans and assessments are completed as scheduled. This will be monitored by CNM s in the ward. A copy of the checklist will be kept in Resident's file and a copy will be send to nursing admin - ongoing	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	20/10/2023
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	20/10/2023
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	Orange	31/10/2024
Regulation 21(3)	Records kept in accordance with this section and set	Substantially Compliant	Yellow	31/10/2024

	out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.			
Regulation 21(4)	Records kept in accordance with this section and set out in paragraphs (6), (9), (10), (11) and (12) of Schedule 4, shall be retained for a period of not less than 4 years from the date of their making.	Substantially Compliant	Yellow	31/10/2024
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.	Substantially Compliant	Yellow	31/10/2024
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	31/03/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	06/12/2023

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			