



**Health  
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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:	Merlin Park Community Nursing Unit 6
Name of provider:	Health Service Executive
Address of centre:	Merlin Park, Galway
Type of inspection:	Unannounced
Date of inspection:	26 July 2023
Centre ID:	OSV-0000635
Fieldwork ID:	MON-0040901

## 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 one single storey building referred to as Unit 5. The centre can accommodate up to 26 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, short term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 12 single bedrooms and four multi-occupancy rooms. Multi-occupancy bedrooms accommodate three to four residents and have shower and toilet facilities en suite. There are a variety of communal day spaces provided including a day room, a dining rooms and a conservatory.

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

Number of residents on the date of inspection:	22
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 26 July 2023	10:00hrs to 17:40hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well supported to enjoy a good quality of life. Feedback from residents was that this was a good place to live where staff were kind and attentive to their needs. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

This unannounced inspection took place over one day. There were 22 residents in the centre and four vacancies on the day of the inspection.

On arrival to the centre, the inspector met with the person in charge and following an opening meeting, conducted a walk through the centre with them. The centre was a single-storey building, situated in the grounds of Merlin Park Hospital, Galway city. The building provided accommodation for 26 residents which comprised of single and multioccupancy bedrooms, and a variety of communal spaces. Many residents had decorated their bedrooms with photos and other items of significance, while communal areas were appropriately furnished to create a homely environment. Residents were also provided with safe, unrestricted access to outdoor gardens, which contained a variety of suitable seating areas and garden furniture.

The building was found to be laid out to meet the needs of residents, and to encourage and aid independence. The centre was bright and well ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Call-bells were available throughout the centre, and the inspector observed that these were responded to in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was very clean, tidy, and generally well maintained on the day of the inspection.

Throughout the day, residents were seen to be content as they went about their daily lives. It was evident that residents were supported by staff to spend the day as they wished. Residents moved freely around the centre, and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and watching the comings and goings in the centre. A number of residents gathered together in the afternoon to watch a football match on the TV. Staff supervised communal areas and those residents who chose to remain in their rooms, were supported by staff throughout the day. There was a relaxed atmosphere in the centre, and familiar conversations were overheard between residents and staff. The inspector observed that personal care needs were met to a good standard. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

Residents were happy to chat with the inspector throughout the day to give their views of life in the centre. The inspector spoke with a total of 12 residents. Residents said that they felt safe, and that they could freely speak with staff if they

had any concerns or worries. One resident told the inspector that the centre was 'mighty' and another resident said it was 'great craic altogether'. Another resident told the inspector that they were very happy since they moved to the centre, and that staff were very good to them. A number of residents told the inspector that they were happy with their bedrooms and that they had plenty of storage for their personal belongings. One resident described how they preferred to live in a shared bedroom as they loved the company. Residents told the inspector that they had a choice of how they spent their days. Some residents liked to come and go to the communal areas while other residents preferred to spend their time alone in their bedrooms. A number of residents told the inspector that they were looking forward to an upcoming trip to the Galway Races. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. The inspector spoke with four visitors who were all very satisfied with the care received by their loved ones.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. On the day of the inspection the inspector observed care staff facilitate a variety of activities at various times during the day. Residents had unlimited access to telephones, television, radio, newspapers and books.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. The dining experience at lunchtime was observed to be a social, relaxed occasion. Staff members were available to support and assist residents at mealtimes, and when refreshments were served.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

## Capacity and capability

This was an inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found

on the last inspection in August 2022.

The inspector found that this was a well-managed centre. The governance arrangements were well organised and resourced to ensure that residents were facilitated to have a good quality of life. The quality and safety of the service provided was of a good standard. The provider had addressed the actions required following the last inspection in respect of the directory of residents, governance and management and discharge planning.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge, who was new in post since the previous inspection, facilitated this inspection. They demonstrated a good understanding of their role and responsibility and were a visible presence in the centre. The person in charge was supported in this role by a clinical nurse manager and a full complement of staff including nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by a director of nursing.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

The provider had management systems in place to ensure the quality of the service was effectively monitored. A range of clinical and environmental audits had been completed which reviewed practices such as care planning, medication management, infection prevention and control practices and call-bell response times. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services had been completed for 2022, and included a quality improvement plan for 2023.

There were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as health and safety, infection control, training, staffing and other relevant issues.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks and the controls

required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant



## Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on, in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector observed that residents living in this centre received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. Care delivery was observed to be evidence-based and person-centred. Staff were observed to be kind and respectful to residents.

The findings of the inspection were that the provider had taken action to comply with the regulations in respect of care planning, residents' rights and fire precautions.

The inspector reviewed a sample of six residents' files. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. An individualised care plan was developed for each resident within 48 hours of admission to the centre. Individual care plans reviewed by the inspector contained person-centred information that was updated to reflect residents' changing needs, and to provide guidance to staff on the supports required to maximise the residents' quality of life.

Residents were provided with access to appropriate medical care. A general practitioner (GP) visited the centre three times a week to provide on-site reviews. Residents were also provided with access to other healthcare professionals, in line

with their assessed need.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out.

Residents who may be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

There were systems in place to provide effective end-of-life care to residents that was compassionate, and in line with their assessed needs and wishes. The centre had access to specialist palliative care services for additional support and specialist advice, if needed.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including visiting, nutrition, communication, activities, care and elder abuse awareness. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

The environment and equipment used by residents were visibly clean on the day of the inspection. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care and comfort as they approached the end of their life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents' needs and wishes to support the provision of person-centred, compassionate, end-of-life care.

Judgment: Compliant

### Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their GP.

Residents also had access to a range of allied healthcare professionals such as, physiotherapist, occupational therapist, dietitian, speech and language therapy, psychiatry of old age, and palliative care.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day. The inspector observed that residents' privacy and dignity was respected.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant