



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Lir Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Old Longford Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	04 April 2022
Centre ID:	OSV-0000739
Fieldwork ID:	MON-0036627

About the designated centre

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

Cluain Lir Community Nursing Unit is located on the outskirts of Mullingar and is within close proximity to the regional general hospital and the town centre. The centre is a modern two storey premises. Inny Unit is located on the first floor and Brosna unit is located on the ground floor. Each unit can accommodate up to 24 residents in 20 single bedrooms and two twin bedrooms. All residents' bedrooms have en-suite facilities. There are enclosed, safe external grounds for use by residents on each floor level. The provider states in their statement of purpose and function that Cluain Lir Community Nursing Unit residential services provides continuing care to a maximum of 48 male and female residents with assessed maximum, high, medium and low dependency needs. The service strives to provide care to residents and their families in a respectful, caring manner. The provider aims to deliver a high quality standard of care, both physical and psychological using a person centred approach. The designated centre's stated philosophy and motto is to 'add life to years when you cannot add years to life'.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 4 April 2022	10:30hrs to 19:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

There was a calm and pleasant atmosphere in the centre. Staff were observed to be helpful and respectful towards residents throughout the day of the inspection. Residents' feedback throughout the day was that they were very happy living in the centre and they felt supported and cared for by staff and management.

The inspector was guided through the centre's infection control procedures upon entering a lobby area of the building. Following an opening meeting with the person in charge, the inspector accompanied them on a walkabout of the premises. Residents were observed mobilising between areas of the building or spending time in communal rooms of their choosing. Some residents were also observed passing time in their bedrooms. Residents were well-dressed and their overall appearance was neat and tidy.

The centre was clean and tidy throughout, with the exception of sluice rooms, which is discussed under Regulation 27. The premises was warm and bright, with good access to a number of communal rooms on each of the two floors. This included an enclosed courtyard on the ground floor and a large secure balcony that overlooked the courtyard. Both of these were freely accessible to residents, included suitable seating and were decorated with brightly coloured plants, shrubs and other items. Bedrooms were neatly presented and had sufficient personal storage space available for residents. They were personalised with items such as photos, ornaments and other furnishings. Residents that spoke with the inspector confirmed that they were happy with the layout, size and decor of their bedroom.

Throughout the day, residents were observed enjoying a number of individual and group activities. These included arts and crafts, with residents proudly showing the inspector the various items they were making in advance of Easter celebrations, such as candle holders. Activity schedules were displayed, which outlined activities such as live music, ball games, exercise, bingo and sensory activities. Residents told the inspector how much they enjoyed taking part in these activities, as well as others.

The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. Staff spoken with by the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. The person in charge had arranged for an innovative call bell system for a resident with additional communication needs, which staff were observed responding promptly to. The inspector observed that staff and resident interactions were kind and it was evident that residents felt able to talk to staff if they had any concerns. Residents who spoke with the inspector confirmed that staff were friendly and attentive and that they would raise any issues with them as needed.

Residents were complimentary of the variety and portions of food served to them,

stating that they "got plenty" in each of their meals. Residents also confirmed that they were satisfied with the level of choice they were offered in terms of meals and hot and cold beverages. Staff were observed offering residents additional servings to residents during a mealtime, as well as providing discreet assistance to those that required it.

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

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended.

The Health Service Executive (HSE) is the registered provider for Cluain Lir Community Nursing Unit. While the centre was registered to accommodate a maximum of 48 residents at the time of the inspection, the inspector was informed that the provider had converted each of the four twin bedrooms in the centre to single bedrooms as part of their infection prevention and control procedures, resulting in a maximum occupancy of 44 residents. These rooms had been reconfigured to reflect this change and residents were satisfied with these arrangements.

A further change had been made to the function of a communal room. This room, located on a corridor external to both units of the centre, had been converted to a meeting room for staff. While this had reduced the communal space available to residents for the last number of months and would ultimately reduce the overall communal space in the designated centre, the person in charge outlined work in progress to refurbish a rarely-used "quiet room" within the Inny Unit to a sensory room. The inspector viewed the room and it was evidence that works were ongoing here. While it was hoped that this room would be used more frequently as a result, as these changes had not been notified to the Chief Inspector, the registered provider had breached a condition of the designated centre's registration.

The inspector noted that the management structure had been significantly impacted by ongoing vacancies and delays to the sanctioning of some of these posts. The centre's statement of purpose set out that the nursing management team consisted of a full-time director of nursing, an assistant director of nursing (0.85 whole time equivalent), two clinical nurse manager 2s (1.91 whole time equivalent) and a clinical nurse manager 1 (one whole time equivalent). At the time of the inspection, the assistant director of nursing post had been filled, as had both clinical nurse manager 2 posts, with a staff member only commencing in the clinical nurse manager 2 role on the day of the inspection. The clinical nurse manager 1 post remained vacant but was to be advertised shortly, according to the person in

charge. The inspector was informed that at least one of these posts had been vacant for almost one year prior to being filled and the sanctioning of other posts had also been subject to delay. Furthermore, some of these posts had been filled internally, which had in turn decreased the staff complement of nurses in the service. This had resulted in the use of agency staff on a long term basis until these posts are sanctioned for recruitment. Overall, the turnover of staff and delays in recruitment had a negative impact on the management team's ability to carry out their roles and responsibilities, including monitoring of the service.

An annual review of the service for 2021 had been completed. This included collated results of surveys with residents on a number of aspects of the service as well as a quality improvement plan for 2022. The results of this survey, which 36 residents participated in, demonstrated a high level of satisfaction in relation to the quality of care provided, premises, mealtimes, visiting arrangements activities, staff, privacy and choice.

Regulation 15: Staffing

On the day of the inspection, there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The majority of staff had up-to-date training in areas that were appropriate to their role. A small number of staff required refresher training in safeguarding and fire safety.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place required review to ensure that the service is safe, consistent and effectively monitored:

- The registered provider was found to be in breach of a condition of their current registration, as they had converted a room used for residents' activities into a meeting room without notifying the Chief Inspector
- There were significant delays in relation to the provider's recruitment of staff,

particularly in relation to nursing management, which impacted on the management team's ability to carry out their designated roles and responsibilities

While there was a programme of auditing, the quality of audits were inconsistent, and the format of some audit questionnaires prevented the level of compliance being clearly indicated. In addition, the audits had not identified a number of improvements that were required in relation to assessment and care planning, as observed during the inspection

- The provider had failed to ensure that sufficient resources were available on the clinical management team to ensure robust oversight of care practices, in line with the statement of purpose. This risk was evident through numerous and protracted vacancies at nurse management level, some of which had only recently been filled. The lack of effective clinical oversight had led to disimprovements in key areas such as assessments and care planning. As a result the inspector identified poor quality assessment and care planning for some residents, which did not support good decision-making and did not appropriately guide staff in delivering care to residents. This had been exacerbated when, the provider arranged for the admission of six residents to the centre within quick succession in the weeks prior to the inspection
- The most recent record regarding a governance meeting was from April 2021. The person in charge did state that they had regular phone contact with the operations manager, who represented the provider entity, but records were not available regarding these conversations. The person in charge also attended a weekly meeting with the operations manager but this was as part of a wider regional meeting and so each individual service was not discussed in detail. Therefore it was not clear how the operations manager maintained oversight of the service
- Risk management processed needed to improve. A risk in relation to the open storage of cleaning chemicals had not been adequately mitigated against, despite it already being identified by the service several weeks before this inspection and specific risk assessments in relation to the ingestion of chemicals being developed in relation to a resident in the centre.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed. Each were found to contain the information required by the regulations and were signed by the resident and/or their representative.

Judgment: Compliant

Quality and safety

In general, residents in this centre had a good quality of life, were mostly happy with the care and services provided in this centre and gave positive feedback about the staff and management team. However, the inspector found that some processes did not ensure that the care delivered to residents was safe and appropriate at all times. In particular, care planning and infection control processes required improvement to ensure best possible outcomes for residents.

The inspector noted that residents' care plans needed further development to ensure that assessments were completed and care plans were developed and updated to appropriately guide nursing and care staff in providing person-centred care. This is further discussed under regulation 5.

Visiting was occurring without any restrictions. The inspector observed a number of residents receiving visitors in their bedroom or in a communal area during the inspection.

The inspector observed that while there was a cleaning schedule in place and clinical equipment was clean, some infection prevention and control practices in the centre required review to ensure that they were in line with the national standards. This is discussed under Regulation 27.

There were systems in place to mitigate the risk of fire. The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly signposted and were free from obstruction. Fire doors and fire alarms were tested on a weekly basis. Records showed that fire fighting equipment, the fire alarm system and emergency lighting system had been serviced within the required time frames. Since the previous inspection, a number of additional fire doors had been installed in order to reduce the size of one fire compartment. The compartment now accommodated a maximum of seven residents. Another set of fire doors had also been replaced. Regular fire drills had been completed to ensure that residents could be evacuated in a safe and timely manner.

Activities were ongoing on the day of the inspection, with the inspector observing some of these on the first floor. The person in charge also confirmed that external service providers attended the centre to play live music, carry out pet therapy and puppet shows. A church was located on the same campus as the nursing home, with some residents attending this on Sundays. Mass was also streamed to the centre for those who were unable to attend or chose to remain in the centre. Raised flower beds were in the process of being purchased and a mobile bar had recently been installed in the centre, allowing residents across the centre to enjoy a beverage with one another from time to time.

The inspector was informed that as part of infection prevention and control measures in response to COVID-19, residents on the first floor were not currently

facilitated to attend activities on the ground floor and vice versa. However, there were arrangements in place to ensure residents on both floors had access to activities and it was envisioned that this restriction would be removed as soon as possible.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected by staff. Residents had access to an independent advocacy service as needed. The annual review demonstrated that surveys had been completed with residents in 2021, however, a residents' forum had not occurred in some time.

From discussion with the person in charge and staff and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods.

Regulation 11: Visits

Visiting was being facilitated in line with current public health guidelines as issued by the Health Protection Surveillance Centre (HPSC).

Judgment: Compliant

Regulation 17: Premises

The design and configuration of the premises met the needs of residents. The registered provider had recently converted a room designated for residents' use to a meeting room for staff, without notifying the Chief Inspector. This non-compliance in relation to this is actioned under Regulation 23, governance and management.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulations.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre. For example;

- The inspector observed some staff were not wearing personal protective equipment (PPE) correctly and did not use the correct procedures for donning and doffing of PPE. For example, a staff member was observed attempting to put on a glove after dropping it on the floor while another was observed changing PPE without carrying out hand hygiene. Another staff member was observed not wearing a mask for a brief period in a communal room with residents
- Sluice rooms were cluttered and prevented staff from accessing the hand wash basins in these rooms safely.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire. An action relating to the requirement for some staff to complete refresher training in fire safety is under regulation 16, training and staff development.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The quality of care planning documentation reviewed by the inspector was inconsistent. For example:

- A resident admitted to the centre three weeks prior to the inspection only had a care plan addressing their needs in relation to personal hygiene. Care plans for any other need had not been developed, despite assessments identifying medium to high levels of risk in relation to falls, development of pressure ulcers and malnutrition
- Care plans were not consistently updated in response to the changing needs of residents and a number of care plans had not been updated every four months as required by the regulations
- An assessment of a resident's risk of developing a pressure ulcer had not been completed in full and did not inform the resident's care plan in relation

- to pressure sore risk
- A document used to communicate a resident's needs and preferences upon transfer to hospital had not been updated to reflect their wishes regarding end of life care.

Judgment: Not compliant

Regulation 6: Health care

Residents had good access to appropriate medical and allied health care services. Residents were visited regularly by their General Practitioner (GP) and records evidenced consultations with a variety of community professional services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices was monitored to ensure they were implemented as a last resort.

Residents who expressed responsive behaviours were well supported by staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Residents were supported to practice their civil and religious rights, including attending religious services.

There was evidence that residents personal routines and preferences were facilitated by staff. Advocacy services were available to residents if needed.

There was a good level of activity provision and there were daily opportunities for residents to participate in interesting group or individual activities as preferred.

Residents' privacy and dignity was also respected by staff, who were observed knocking on residents' doors before entering and providing care discreetly to residents throughout the inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cluain Lir Community Nursing Unit OSV-0000739

Inspection ID: MON-0036627

Date of inspection: 04/04/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have access to training as required.</p> <ul style="list-style-type: none"> • Staff have submitted outstanding training certificates for Safeguarding vulnerable adults from abuse. Training records up to date. • All staff have been scheduled for fire training within calendar year. • All staff identified as not having up to date fire training on the day of inspection have completed fire training except one staff member who is currently on long term sick leave and who will receive training prior to return. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The program of auditing will be reviewed to ensure consistency in audit practice. The format of audit questionnaires will be reviewed to ensure the level of compliance is accurately indicated. Each audit will have a quality improvement plan included as part of the audit process. • Following inspection all resident’s care plans were audited and corrective action taken as required. • Two days training on care planning & documentation have taken place with one further date planned in early August to ensure all nursing staff are updated • Following inspection an Application to Vary was submitted to the Authority retrospectively in relation to the change of use of a room in the Centre. 	

- An application to vary to request permission for any proposed changes will be submitted to the Authority going forward of any planned changes to room use within the Centre.
- All vacant posts have been approved for permanent replacement. Panels in place for MTA/staff nurses/CNM1/CNM2 – candidates currently being processed from these panels.
- Recruitment for permanent Assistant Director of Nursing in process.
- Governance meetings are currently taking place and are scheduled for the remainder of year.
- Cleaning chemicals are stored in a locked cupboard to secure access and mitigate any risk to residents.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- All staff to complete HSE Land infection prevention and control training again. This will continue to be monitored to ensure all staff complete training and updated records are maintained. IPC practices will be monitored regularly by the CNM.
- All staff to participate in practical hand hygiene training this year.
- Dirty utility/sluice room has been de-cluttered to ensure safe and free access to hand hygiene facilities.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Following inspection all resident care plans were audited and corrective action taken as required.
- Two days training on care planning & documentation have taken place with one further date planned in early August to ensure all nursing staff are updated.
- The Clinical Practice Facilitator will allocate one day per week to the Centre commencing early July 2022 to assist the PIC in ensuring a high standard of care is delivered to residents. There will be ongoing monitoring & review to ensure compliance with Regulation.
- Audit templates will be revised to ensure relevant data captured for analysis.
- A monitoring system for ensuring that all care plans are reviewed in accordance with Regulation will be put in place.



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2022
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	30/09/2022
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	30/09/2022

	ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/09/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2022
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	Not Compliant	Orange	31/07/2022

	the resident concerned and where appropriate that resident's family.			
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